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Manawatu Homecare Support Workers' work-related quality of life post the implementation of the Care and Support Worker Pay Equity Settlement Act 2017

A thesis presented in partial fulfilment of the
requirements for the degree of Masters in Public Health

at Massey University, Manawatū, New Zealand.

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2021

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Abstract

This research explores the effects of the Care and Support Worker (Pay Equity) Settlement Act (2017) on work-related quality of life of homecare support workers. Previous investigation of the Act's implementation on the care and support workforce has been highlighted by Douglas and Ravenswood (2019), in their *Value of Care* report. This thesis specifically investigates female homecare support workers in the Manawatū/Midcentral region, which was not previously investigated, and applies Van Laar et al.'s (2007) Work-related Quality of Life as an appropriate framework for investigating support workers' experiences and subjective perceptions of their working environment through four psycho-social subscales: working conditions, stress at work, work-life balance, and job and career satisfaction. In addition, a focus on extrinsic working conditions relating to remuneration is incorporated. The experiences of eight support workers were collected through semi-structured interviews. The data obtained was then thematically analysed within the four set (psycho-social) components. Five key-themes were identified: organisation and intensity of work for working conditions; co-worker working relations for working conditions; stress related to the organisation and intensity of work; organisation and intensity of work for work-life balance, and management support and communication affecting job satisfaction. These key-themes (and three supporting themes) with other codes within the data of the four set components reveal the implementation of the Care and Support Worker (Pay Equity) Settlement Act 2017 has adversely affected the Manawatū homecare support worker participants' work-related quality of life. Hence, the Act's intention of improving conditions and attaining pay equity and value of work was not met for the majority of these workers. These findings also illustrate the need for applying sector specific guidelines for support workers and addressing sector standard regulations for providers. Along with further examination, and careful reassessment of how fiscal measures are applied within the implementation of future Acts.

Acknowledgements

A very special thank you to my partner Blair who understood my requirement to fulfil this study, what this study means to me and his ongoing support.

To our children Micaela and Alessandro for their patience and understanding that mum needed to achieve her goal by completing this study.

Thanks to my supervisors Doctor Christina Severinsen and Associate Professor Andy Towers for their guidance and support during the development of this thesis.

Many thanks to Janet Wutzler and Cherie Todd-Williamson for their ongoing support, guidance, and devotion to assisting me in progression through this course of study.

This study would not have been possible without the will and strength of the study participants who entrusted me with their views, feeling and thoughts enabling me to express their voices on the effects of this Act and the importance of their role as support workers in the community.

I also wish to acknowledge Cathy Cooney and Tracy for their time and interest in this study and support during the progress of this thesis.

I would also like to thank my parents Tom and Annette for introducing me to postgraduate study having been brought up in an environment of assisting in research trials for masters and PhD students. This thesis has been my opportunity to contribute to building knowledge and recognition of further development of the care and support workforce in Aotearoa New Zealand.

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Chapter 1 Introduction

Care and support workers provide a much-needed service. However, they are a vulnerable workforce that is susceptible to unfavourable remuneration in regard to work value and output. In other words, care and support workers are typically undervalued, underpaid, and neglected in many regional workforce environments. Hence, the issues relating to the current climate for care and support workers is a primary focus of this thesis.

In Aotearoa New Zealand, the paid care and support workforce is predominantly female, and is comprised from an array of different cultures of middle-aged or older workers (Meagher, 2016; Ministry of Health, 2014a, 2016a; Ravenswood et al., 2021; Twaddle & Khan, 2014). This workforce incorporates a wide spectrum of unregulated kaiāwhina¹ workers (Ministry of Health, 2018a) including carers and support workers (Home and Community Health Association & Lattice Consulting, 2018). Kaiāwhina work in a variety of sectors including home and community, residential aged care, disability sectors encompassing physical and intellectual disability, mental health, and addiction (Ministry of Health, 2016b, 2017b; Workforce in Action, 2019). Their important roles involve the care and support of people, which includes older people, clients with chronic disease, people with disabilities, and people with mental illness (Ministry of Health, 2016b; Workforce in Action, 2019).

Various authors and organisations within Aotearoa New Zealand have repeatedly highlighted the poor wages and working conditions experienced by the kaiāwhina care and support workforce (Charlesworth & Heap, 2020; George et al., 2017; McGregor, 2013; Meagher, 2016; Ministry of Health, 2014, 2016; New Zealand Human Rights Commission, 2012; Prentice et al., 2021; Ravenswood & Douglas, 2017; Ravenswood & Harris, 2016). The 2017 Care and Support Worker (Pay Equity) Settlement Act (henceforth 'the Act') implemented an agreed settlement intended to rectify historical pay inequalities that exist for this sector's workforce (Douglas & Ravenswood, 2019; Ministry of Health, 2017c, 2020a). Specifically, the Act was written to improve conditions related to funding, pay rates, and education for care and support workers within home and community care, residential care

¹ Kaiāwhina is an umbrella term applied to describe non-regulated roles within the health and disability sector, and does not replace designated job titles, for example: community support worker (Kaiāwhina Plan, 2021).

(e.g., rest homes), and disability sectors (Care and Support Workers (Pay Equity) Settlement Act, 2017; Douglas & Ravenswood, 2019).

Between 2018 and 2019, the Public Service Association (PSA) conducted a review of the effects of the Act for their care and support worker members, in order to ensure that intended outcomes were being observed from the Act's implementation (Martin et al., 2018; New Zealand Public Service Association, 2019). These surveys found that the Act resulted in multiple positive outcomes for workers, including:

- significant increases in income
- decreases in the requirement for secondary employment
- reductions in the percentage of workers without a qualification
- increases in the number of workers with level 3 and 4 qualifications (New Zealand Public Service Association, 2019).

From these surveys, the PSA concluded the Act has significantly affected the quality of life for the majority of its employed care and support worker members, alongside significant improvements in pay and conditions (Martin et al., 2018).

Further research by Douglas and Ravenswood (2019) investigated the impact of the Act on the quality of life of managers and care and support workers in selected sites around Aotearoa New Zealand. Similar to the work conducted by the PSA, their study revealed the Act has enabled workers to advance from minimum wage remuneration to a living wage. However, this study also found unintended negative consequences of the Act's implementation. Specifically, many support workers experienced reduced hours of employment, increased workloads and expectations, frequently changed rostered hours and increased work-related stress, as well as evidence of bullying after its implementation (Douglas & Ravenswood, 2019).

These unexpected negative consequences of the Act (found by Douglas and Ravenswood, 2019) suggest that there is a need to further explore any ongoing unintended consequences of the Act study for care and support workers. In addition, they suggested that further research asks whether specific aspects of their roles have been affected by these consequences. There are approximately 1,527 health and support workers (Stats NZ, n.d.) in the Manawatū/Mid-central region, which reflects a similar population of workers included in Douglas and Ravenswood's (2019) nationwide study. However, the Manawatū /Mid-central region was not included in their research. Therefore, there is an excellent

opportunity to utilise this untapped population to explore these unintended consequences.

This project investigates how the 2017 Care and Support Worker (Pay Equity) Settlement Act (the Act) has affected the work-related quality of life (WRQoL) of home and community sector support workers in the Manawatū. It is also important to note that the position titles of this role vary widely across literature (e.g., care and support workforce, healthcare workers, home and community support workforce). These job titles are often used interchangeably. However, as this study focuses on the homecare sector. These workers are referred to as homecare support workers and defined within this study as support workers providing care and support services to people in their homes in the community. A qualitative research approach is utilized to explore support workers' experiences and subjective perceptions of the Act's effect on their current working lives. This is achieved through applying Van Laar et al.'s (2007) work-related quality of life (WRQoL) psych-social subscales as a framework to investigate support workers' WRQoL, which is defined in relation to four critical components: (1) working conditions, (2) stress at work, (3) work-life balance, and (4) job and career satisfaction.

Overall, this approach will provide important information about whether homecare Manawatū support workers are currently experiencing any adverse effects from the Act's implementation on their working conditions, and how their work-related quality of life is affected. Additionally, this study provides information on whether the Act meets its intended purpose of attaining pay equity for care and support workers.

The Research Question Under Study

Given the clear intended and unintended impact of the Act on the care and support workforce in Aotearoa New Zealand, but the potential lack of clarity on its affects outside of the main urban population centres studied (e.g, Auckland, Christchurch), this study sought to answer the following question:

- *How has the Care and Support Worker (Pay Equity) Settlement Act 2017 affected the work-related quality of life for Home and Community Support Workers in the Manawatū area?*

Chapter 2 Literature Review

The Kaiāwhina Care and Support Workforce

The care and support workforce within Aotearoa New Zealand employs a spectrum of kaiāwhina across the health and disability sector (Twaddle & Khan, 2014; Workforce in Action, 2019). The Ministry of Health use the term kaiāwhina to refer to health workers who are not regulated by the Health Practitioners Competence Assurance (HPCA) Act (2003) (Ministry of Health, 2014a, 2014b, 2016). *Kaiāwhina care and support workers* encompass a predominately female and culturally diverse workforce, of which the majority are aged between 45-65 years (Meagher, 2016; Ministry of Health, 2014a, 2017b, 2018a; Ravenswood & Douglas, 2017; Ravenswood et al., 2021; Ravenswood et al., 2014; Workforce in Action, 2019). It is also important to note that recently reported figures estimate that 37% of workers are aged between 55-64 years (Ravenswood et al., 2021).

Enumerating this workforce is fraught with perplexity, due to the wide range of roles and debated categories of the Australian and New Zealand Standard Classification of Occupations 2006 (ANZSCO06) to code this workforce (Ministry of Health, 2014a; Workforce in Action, 2019), the array of employers, and the absence of a cooperative professional regulating body (Ministry of Health, 2014a, 2016). Reports from the 2013 Census state the entire kaiāwhina workforce of which 66% are carers and 15% are support workers was 62,910 (Ministry of Health, 2014b; Twaddle & Khan, 2014). However, a more recent report revealed a significantly greater estimate, which saw kaiāwhina numbering over 110,000 (Ministry of Health, 2021).

The majority of kaiāwhina, provide direct care to people aged 65 years or older, people who are injured or disabled and people who experience disabilities and mental health or addiction issues (Ministry of Health, 2016, 2017b; Workforce in Action, 2019). In addition, the kaiāwhina role includes care and assistance with daily living tasks, rehabilitation, social support and community engagement (Meagher, 2016; Ravenswood et al., 2021; Workforce in Action, 2019).

While kaiāwhina care and support workers provide a much-needed service, they are a workforce that are susceptible to unfavourable remuneration in regard to work value and output. They represent an ageing workforce, largely engaged in part-time employment, have low levels of qualifications and includes minority ethnic groups (Ministry of Health, 2014a, 2016, 2017b, 2021; New Zealand Human Rights Commission, 2012; Ravenswood & Douglas, 2017; Ravenswood et al., 2014).

Although recent reports show that wage rates, working hours, and level of qualifications have improved since the introduction of the Act (Martin et al., 2018; Ministry of Health, 2020b), this workforce continues to experience marginalisation and further improvements are required (Douglas & Ravenswood, 2019; Workforce in Action, 2019). Ongoing and progressive workforce development is essential to enable further growth of services to meet the demands of Aotearoa New Zealand's changing demographics due to the impacts of an increased ageing population, disability patterns and cumulative rates of non-communicable diseases (e.g. diabetes, obesity, etc.) (Home and Community Health Association & Lattice Consulting, 2018).

As the above discussion highlights, kaiāwhina care and support workers represent a dynamic and valuable workforce. However, this kaiāwhina workforce needs additional support, recognition, and resources to enable ongoing advancements towards providing progressive, care and support services. This literature review will explore research on the fundamental components of kaiāwhina quality of working life.

Work-Related Quality of Life Framework

Quality of life is an umbrella term that encompasses an array of meanings and evaluative judgements regarding major facets of a person's life, which has a strong subjective component (Barbara et al., 2013; Gasper, 2010). Work-related Quality of Life is a theoretical concept that more specifically addresses the essential components of a person's work experience (Easton & Van Larr, 2012; Van Laar et al., 2007). Authors Van Larr et al. (2007) developed a contemporary psychometric assessment to gauge levels of quality of working life, which encompasses a broad range of factors. Their assessment tool, the *Work-Related Quality of Life (WRQoL) Scale* encompasses a 23-item psychometric scale, measuring six psychosocial sub-factors to assess workers' perceived quality of life. This assessment scale reflects how workers evaluate their own work as beneficial (Easton & Van Larr, 2012; Van Laar et al., 2007).

Van Laar al.'s (2007) WRQoL scale is applied as a framework in this literature review for the following reasons:

1. there is evidence of its wide application in the literature for which it is known as a transferable, reliable and valid measure for assessing a person's quality of working life (Easton & Van Laar, 2012; Emin Cihan et al., 2013; Garzaro et al., 2020; Kongsin et al., 2020; Shukla et al., 2017; Van Laar et al., 2007).

2. the methodical development is appropriate as it was designed specifically for workers and nurses in the healthcare environment and has been regularly applied for health care workforces.

The published research literature on WRQoL in care and support workforces internationally was thus explored using the following four guiding components, which reflect four fundamental WRQoL subscales from Easton and Van Larr (2012):

1. Working conditions,
2. Stress at work,
3. Work-life balance, and
4. Job and career satisfaction.

The four guiding components provide clear and evidence-based framework both to direct and to present this literature review. Following are (in turn) an explanation of each component and the results of a literature review focused on each component and research involving the kaiāwhina+ care and support workforce.

Working Conditions

The working conditions subscale (WCS) within the WRQoL scale conceptualizes the extent to which a person is satisfied with the conditions of their employment (Easton & Van Laar, 2012). This includes satisfaction with the application of fundamental resources, working environment, and safety and security aspects necessary for them to effectively undertake their job. This includes characteristics of the physical working environments and working conditions (e.g., temperature, equipment, pay and working hours). Within the framework of WRQoL, WCS is conceptually related with the job and carer satisfaction subscale (JCS). On the one hand, the WCS assesses whether employment conditions meet a person's basic job requirements, and more specifically their lack of satisfaction with their work environment. On the other hand, JCS reflects the extent the employment conditions offer the best aspects at work enabling personal development, achievement, and recognition. Here, Easton and Van Laar (2012) assert aspects concerning WCS are essential in addressing dissatisfaction at work. Therefore, for the purposes of this thesis, WCS is defined in relation to extrinsic working conditions of wages and working hours, and other working conditions affecting support workers' ability to work effectively (i.e., job safety). Hence a literature search was performed addressing care and support workforce's working conditions, and a focus towards attaining information around extrinsic working conditions.

Care and Support Worker Income and Employment Hours with other Workforces

Low remuneration and corresponding dissatisfaction with wages and hours is a frequently mentioned aspect of working conditions reported in international and national literature on care and support workforces (Chou et al., 2011; Dhakal et al., 2020; George et al., 2017; Hebson et al., 2015; King et al., 2013; Ravalier et al., 2019; Rubery et al., 2015). Various authors and organisations within Aotearoa New Zealand have specifically articulated the low wages experienced by the kaiāwhina care and support workforce (Charlesworth & Heap, 2020; George et al., 2017; McGregor, 2013; Meagher, 2016; Ministry of Health, 2014a, 2016; New Zealand Human Rights Commission, 2012; Prentice et al., 2021; Ravenswood & Douglas, 2017; Ravenswood & Harris, 2016). In highlighting the wage conditions for paid care workers, authors have provided analytical discussions about inequity in relative wages and hours of carer and support workers, compared to other workforces (Hebson et al., 2015; Ravenswood & Douglas, 2017; Ravenswood et al., 2014). For example, Hebson et al. (2015) refer to information from the UK Office of National Statistics 2011, which compares the private sector gross hourly pay rate of care assistance and home carers of £7.02, with people working in local authorities of £10.16. Additionally, authors Ravalier et al. (2019) and Rubery et al. (2015) refer to approximately 60% of UK domiciliary carers who are employed under zero-hour contracts and experience low wages from poor working conditions, partly attributed to the use of these contracts and adding to negative impacts on carers' pay² and job security.

Similarly, from their 2016 New Zealand aged care workforce survey sample, authors Ravenswood and Douglas (2017) report that 36.5% of home and community care workers and 21.17% of residential care workers earned the minimum wage, compared to 0.0% of nurses and managers. Furthermore, results showed a range of guaranteed hours³ reported, from as low as 36.3% for home and community, 68.8% for residential carers, and up to 87.8% for nurses. These authors explain there is an

² Homecare workers hours of employment are also affected by traveling time and petrol costs to client's locations, which impacts on their overall income (Chou et al., 2011; Ravenswood & Douglas, 2017; Rubery et al., 2015).

³ Guaranteed hours- implemented April 2017 *Guaranteed Hours Funding Framework*, where care and support workers are grouped as either permanent or casual with permanent workers offered decided set (guaranteed) hours a week. When framework was implemented, regular hours agreed upon by employee or calculated as 80% of average hours worked in three months to a 40 hours maximum (Douglas & Ravenswood, 2019; E Tū & PSA, 2017)

occupational divide of working conditions affecting guaranteed hours, shortest shift, hourly pay and total pay, particularly affecting homecare workers' remuneration and job security. This information is further emphasised by *The New Zealand Care Workforce Survey 2019* which found that homecare workers are predominantly affected by less stable employment conditions of regular hours, shifts, and permanent work contracts impacting on job security, compared to nurses and managers (Ravenswood et al., 2021).

The Impact of Work Intensification in Care and Support Work

In reviewing literature on working conditions of care and support workforces, an apparent cascade of factors stems from financial resource constraints (i.e., cost-saving approaches) and organisational aspects of work. Multiple authors identify work intensification as a prominent issue affecting the wellbeing of care and support workers worldwide (Ravalier et al., 2018; Rubery et al., 2015 ; Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012). These authors refer to financial restructure and resource constraints, along with how work is organised, which has often led to work intensification and task changes. Consequently, care and support workers report adverse effects of increased workloads, reduction in supervision support, stress and intention to leave employment.

The effect of work intensification has resulted in significant impacts on care workers from increased workloads. This has occurred from role ambiguity, reduction in staffing rates, the occurrence of more complex clients and reduced time to complete duties (Estabrooks et al., 2015; George et al., 2017; King et al., 2013; Larsson et al., 2013; Strandell, 2020; Trydegård, 2012). Researchers have also found work intensification was linked with carers experiencing a lack of support from management. This has been connected to effects on carers' decision latitude, impact on workers' ability to make decisions, management trusting carers decisions, affecting self-efficacy, communication, team dynamics, carer safety and client care (Larsson et al., 2013; Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012).

Another adverse effect of work intensification is carers experiencing stress from their working conditions. Stress that is derived from high workloads and a lack of control in the work environment causes increasing job strain and risk of physical and/or mental distress and henceforth considered as health and safety issues (Douglas & Ravenswood, 2019; Ravenswood et al., 2021; Stranz & Szebehely, 2018; Trydegård, 2012). Such circumstances have been associated with intentions to leave employment, work related burnout, injuries, and illness (Larsson et al.,

2013; Ravalier et al., 2019; Ravenswood et al., 2014; Rubery et al., 2015; Strandell, 2020; Trydegård, 2012; Weale et al., 2019). Past research has referred to care and support staff experiencing incidents of stress, bruising, back pain, muscular-skeletal injuries (Larsson et al., 2013; Ravenswood & Douglas, 2017; Ravenswood et al., 2014; Stranz & Szebehely, 2018). More detail of job strain and associated factors is provided in the stress section of this literature review.

Interventions and Working Conditions

The Care and Support Worker (Pay Equity) Settlement Act was implemented 1st July 2017. Consequently, the government agreed to a pay equity settlement of \$2.048 billion over five years for carers in residential, home and community and disability sectors (Douglas & Ravenswood, 2019; Ministry of Health, 2018b). This Pay Equity Act implements a settlement agreement between the grown and multiple agencies (e.g. ACC, DHBs' and various unions) (Care and Support Workers (Pay Equity) Settlement Act, 2017; Douglas and Ravenswood, 2019). This Settlement Act was devised to authorize modifications of funding, pay rates, and a developed educational structure for care and support workers (Douglas & Ravenswood, 2019). The report *Value of Care* (Douglas & Ravenswood, 2019) provides the findings of phase one of a three phase study investigating the impact of the Act on the quality of life for managers and care and support workers. This report revealed the Acts implementation has resulted in adverse consequences for sectors managers and support workers. Douglas and Ravenswood (2019) stated within the homecare sector “ the funding delivered through the Settlement did not adequately cover the cost of implementation” (p. 29), inadequate support from the Ministry of Health around implementation process, and issues regarding the funding model.

Included in Douglas and Ravenswood (2019) report is adverse unintended impacts on care and support workers. Homecare managers largely reduced the availability of employment hours for Level 3 and 4 workers as a means of decreasing costs. These reduced employment hours occurring mainly due to providers desire to match the level of support worker with the client being funded, and therefore more need for entry and level 2 support workers. Effects on care and support workers also included increased workloads and expectations of duties, stressful working conditions from a lack of support and trust from providers and decline in workplace culture involving bullying and abuse. These poor working conditions reduced the potential to provide adequate care to clients, with several support workers expressing intention to leave employment. Many support workers stated they were

financially worse off after implementation of the Act. These findings were particularly prominent in the homecare sector (Douglas & Ravenswood, 2019).

A parallel can be drawn between the findings of Douglas and Ravenswood (2019) and those of Strandell (2020). Strandell (2020) investigated working conditions and job content of Swedish home care workers in eldercare services following implementation of wide-ranging cost containment and restructuring in the sector. Strandell (2020) compared data in the NORCARE surveys 2005 and 2015 and found homecare carers experienced increased tasks and workload intensification, less support from supervisors, reduced time for colleague support and poorer scope for planning their working day, mental exhaustion and accumulation of job-related difficulties following the restructuring. These working conditions led to frequent reports of mental exhaustion and a multitude of work-related problems. Strandell (2020) concluded that the deterioration in working conditions in 2015 compared to 2005 may well be linked to cost cutting measures as a result of organisational reforms. Although the intent of fiscal measures is to improve aspects relating to care services, Douglas and Ravenswood (2019) and Strandell (2020) provide evidence that these interventions can have undesirable (often unintended) adverse effects for the care and support workforce.

From this review of literature, it is clear that care and support workforces have experienced poor remuneration with less stable employment conditions, affecting regular hours of employment and job security compared to other workforces. These working conditions are impacted by fiscal measures and organisational aspects adversely affecting workloads and support, leading to work intensification and stress.

Stress at Work

Easton and Van Laar's (2012) WRQoL stress subscale assesses workers' perception of the degree of acceptable pressures and demands at work. The authors apply the UK Health and Safety Executive (HSE) meaning of stress as an adverse reaction to extreme pressure or other demands placed on people. This concept of stress is dependent upon a person's perception and whether they feel they can cope with situations. Easton and Van Laar (2012) also refer to job stress as a harmful physical and emotional response apparent when work situations are not compatible with people's abilities, resources, or personal requirements. Consequently, stress in the context of this literature review refers to work demands,

pressures and stressors impacting on care and support workforce employees in the work environment.

Workplace stress is a regular occurrence that is both complex and dynamic for care and support workers, but an area for which there is limited specific information (Czuba et al., 2019; George et al., 2017; Jetha et al., 2017). Evidence of workplace stress and its implications on the care and support workforce is often included within information on other health workforces, namely nurses and doctors (Czuba et al., 2019; Jetha et al., 2017; Vassos et al., 2019). When stress is exclusively mentioned for this workforce, it is repeatedly expressed as mental, emotional, and physical exhaustion and fatigue which can lead to burnout (Czuba et al., 2019; Judd et al., 2017; Stranz & Szebehely, 2018).

Some limited information exists that explores the stress experienced by care and support workers across a range of work factors, including psycho-social predictors and aspects of work engagement for stress causation (Jetha et al., 2017; Vassos et al., 2019; Willemse et al., 2012). Czuba et al.'s (2019) study explored New Zealand support workers' experiences of stress at work and found a variety of modifiable factors affecting their stress which could be collectively grouped into person contextual and working environmental aspects and coping tactics. Similarly, Vassos et al. (2019) found psycho-social predictors of individual, client and organisational factors were also implicated in the development of workers' stress. Frequently cited key factors causing workers stress include high work demands, lack of management support and challenging clients (Horn et al., 2016; Jetha et al., 2017; Ravalier et al., 2019; Ravenswood et al., 2014; Stranz & Szebehely, 2018; Trydegård, 2012; Willemse et al., 2012).

Stress arising from high job demands is often mentioned by researchers who have examined care and support workforces (Czuba et al., 2019; Chamberlain et al., 2016; Horn et al., 2016; Jetha et al., 2017; Ravalier et al., 2019; Stranz & Szebehely, 2018; Trydegård, 2012; Willemse et al., 2012). These demands were frequently reported as large workloads with limited resources, often comprising complex care, high numbers of clients and tasks to be performed in limited time frames (Czuba et al., 2019; Jetha et al., 2017; Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012). Stress linked to jobs that are highly demanding is also regularly associated with decreased independence and control for making decisions at work (Czuba et al., 2019; Judd et al., 2017; Stranz & Szebehely, 2018; Trydegård, 2012). Trydegård (2012) found similar degradation of control

subsequent to re-structuring of welfare and eldercare services in Nordic countries. Carers reported several issues, including having too much to do in limited time frames, and undermining of their professional discretion and autonomy. Additionally, carers stated that this affected their working conditions, resulting in additional physical and mental exhaustion, as well as making them want to terminate their employment.

Stranz and Szebehely (2018) analysed data on Swedish eldercare workers from the NORDCARE 2005 and 2015 surveys and noted prominent increases in physical and mental fatigue, and back pain for both residential and homecare care workers, subsequent to welfare and eldercare reforms. Figures for carers working in residential care were particularly alarming illustrating a statistically significant increase in “almost always feel physically tired after a working day” from (2005) 29% up to (2015) 41% and “almost always feel mentally exhausted after a working day” (2005) 16% up to (2015) 26% (Stranz & Szebehely, 2018, p. 52). Homecare carers also showed an increase which was greater in the above mentioned mentally exhausted category of (2005) 14% up to (2015) 24%. These outcomes were seen to be a result of high job strain from excessive work volumes, lack of control and limited decision latitude.

Lack of management support is another factor underpinning the complexities of work stress for the care and support workforce. Willemse et al. (2012) highlight the positive impacts of supervisor support as a buffer to the adverse effects of high job demand. However, the existing literature on stress in the care and support workforce identifies the lack of such support is prevalent. Poor social support from supervisors or management is often cited as reducing workers' autonomy and their control over organising and providing care (Jetha et al., 2017; Quinlan et al., 2015; Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012). Absence of regular staff meetings, lack of communication and limited support from co-workers are also factors leading to workers feeling overwhelmed and stressed (Czuba et al., 2019; Douglas & Ravenswood, 2019; Quinlan et al., 2015; Trydegård, 2012; Willemse et al., 2012). These circumstances result in carer and support worker staff feeling abandoned, unsupported, undervalued and having a lack of control within their working roles (Czuba et al., 2019; Quinlan et al., 2015; Stranz & Szebehely, 2018). In a study by Quinlan et al. (2015), participants spoke of the importance of being able to talk with health professionals regarding aspects of their work. However, such assistance was poor, and homecare workers consequently referred to feeling

isolated, stressed and required to seek more informal coping strategies (e.g., exercise and social engagements with friends and family).

Providing care in challenging situations is another identified stressor for care and support workers. Carers report stress resulting from clients with unreasonable behaviour, physical and verbal abuse, aggressive clients and family, and emotional stress from the death of their clients (George et al., 2017; Hebson et al., 2015; Judd et al., 2017; Ravalier et al., 2019; Ravenswood & Douglas, 2017; Ravenswood, Douglas, & Teo, 2014; Stranz & Szebehely, 2018; Weale et al., 2019). Both Weale et al. (2019) and Judd et al. (2017) mention the importance of management support for assisting carers regarding such demands.

Workplace Stress Post Pay Equity Act (2017)

Literature on Aotearoa New Zealand's care and support workforce subsequent to implementation of the Settlement Act identifies workplace stress as an issue. In their comprehensive report, Douglas and Ravenswood (2019) found care and support workers experienced stressful working conditions and the development of bullying cultures, particularly in the home and community sector. Organizational changes in response to the Act resulted in decreased employment hours, particularly for Level 3 and 4 home and community sector workers who were now accorded higher pay. Further, workers experienced declines in guaranteed hours of employment and increased work demands, workload, expectations, and role ambiguity. For example, Level 4 workers completing more work tasks and responsibilities originally completed by enrolled nurses and registered nurses. Care and support workers expressed feeling isolated and undervalued due to a reduction of staff meetings, a lack of consideration and trust for workers' decisions. The stress of unpredictable rosters, rising physical and emotional works demands, increasing role ambiguity and a lack of support led to rising intentions to leave employment. These finding align with results from Nordic studies identifying increasing work demands and lack of management support as precursors to stress and increased intentions to leave employment (Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012).

From this literature review it is evident that workplace stress is a common and complex adverse aspect of working conditions experienced by care and support workers. The occurrence of stress has repeatedly been linked to organisational factors involving high work demands and lack of support from management leading to a lack of control over working conditions, and therefore in line with the demand control model. These factors appear to be greatly influenced by fiscal constraints.

Work-Life Balance

Easton and Van Laar's (2012) Home-Work Interface subscale assess the extent to which employers are recognized by workers as supporting them in relation to their personal and family life (i.e., life pressures outside of work). This includes applying strategies to promote flexibility around work (e.g., working from home, job rotation, and parental leave). This clearly reflects the concept of a 'work-life balance' and evaluate the degree to which workers "feel they have control over when, where, and how they work" (Easton & Van Laar., 2012 p. 14). Work-life balance can reflect a person's feelings of accomplishment inside and outside the work environment, which is mutually advantageous to the person, company, and society. Furthermore, Easton and Van Laar (2012) emphasize that a poor work-life balance can impact and adversely affect people's well-being and performance at work. In relation to this thesis the term work-life balance is defined in the context that support workers have a measure of flexibility and control to balance work with personal circumstances.

There is limited literature directly focusing on the concept of work-life balance specifically for paid care and support workforces. Of relevance in this regard, is literature outlining societal constructs, industry structure, and organisation specific to care and support workforces, and the effects they have on work-life balance (Ravalier et al., 2019; Ravenswood & Harris, 2016; Rubery et al., 2015). Existing literature indicates that class, gendered norms and hierarchical relations have affected working conditions and resulted in low wages, and marginalization, as well as creating a vulnerable care and support workforce in Aotearoa New Zealand (Charlesworth & Heap, 2020; Meagher, 2016; Ravenswood & Harris, 2016). Rubery et al. (2015) and Rubery and Urwin (2011) attribute low wages for care workers in the United Kingdom (UK) to local authorities' efficiency and cost cutting measures of outsourcing contracts for adult social care services to private sector organisations. Both Ravalier et al. (2019) and Rubery et al. (2015) describe UK domiciliary care workers as being subjected to negative power relationships within providers' policies and recruitment practices, resulting in a large percentage of workers employed on zero-hour contracts.

The evident power imbalance between health sector management and the care and support workforce has clear implications for the work-life balance of the latter. For example, research highlights that homecare services are typically organised during unsociable hours when carer and support workers' personal and family demands are high (Meagher et al., 2016; Ravalier et al., 2019; Rubery et al., 2015). Rubery et

al. (2015) highlight that contractual arrangements of services and limited managerial capacity affect the organisation and scheduling of care and support work.

Specifically, work is organised in an hourglass pattern, comprising of high demand for working hours in the mornings and evenings, with little work during the rest of the day, extended employment hours over weekends, and unpaid downtime between clients. Similar contractual arrangements and patterns of work are seen in Australia and Aotearoa New Zealand's homecare sector (Ministry of Health, 2018; Quinlan et al., 2015; Ravenswood & Harris, 2016).

In addition to the negative implications for work-life balance noted above research does mention circumstances in which flexibility towards working hours have been provided for care and support workforces. Where possible, employers provided flexibility around shifts and made informal adjustments of working hours to fit in with workers' preferences, personal appointments, and family commitments (George et al., 2017; King et al., 2013; Ravenswood & Harris, 2016; Rubery et al., 2015).

However, these modifications to working hours are not always as obliging as they appear. For example, independent-sector domiciliary care providers (IDPs) sought to accommodate workers by offering preferences for shifts as a means of accepting contractual terms of irregular hours, fragmented hours, extended weekend hours, and very unsociable hours. Workers reported being grateful for informal adjustments to their hours, as it enabled them to attend personal and family commitments (Rubery et al., 2015). A similar finding was noted by Ravenswood and Harris (2016), where New Zealand managers in the aged residential care sector perceived themselves as being supportive of care workers. However, their levels of support varied depending on the situation. For example, for short-term, one-off requests, adjustments were made without too much difficulty. Yet, for long-term issues involving ongoing impacts to working hours, managers typically used their discretionary power to resolve work-life balance for their workers by determining the appropriate shifts or hours that their carers should work.

Researchers refer to terms and conditions of employment in contracts and variable work schedules impacting care and support workers' ability to govern their working hours (Douglas & Ravenswood, 2019; Quinlan et al., 2015; Ravalier et al., 2019; Ravenswood & Harris, 2016). Organisational rostering factors such as last-minute changes to shifts, short shifts, split shifts and inconsistent and irregular shifts led to dissatisfaction and stress, impacting on workers' ability to balance work with personal and family commitments (George et al., 2017; King et al., 2013; Ravenswood & Douglas, 2017). For example, Ravalier et al. (2019) describes

utilization of zero-hour contracts where management offered employment hours at their own discretion. This resulted in uncertainty of work for carers, with carers' feeling compelled to accept work when it was offered. The irregularity of working hours impacted carers' ability to meet financial requirements of paying bills and interfered with arrangements of their social and family lives.

Pay Equity Act (2017) and Work-life Balance

Douglas and Ravenswood (2019) provide information on wage changes and organisational practices impacting work-life balance for care and support workers both positively and negatively. Workers in the residential aged care and disability support sectors reported the increased wages positively affected their decisions around working hours. Specifically, some chose not to work weekends, take extra shifts, or ask for overtime, enabling them to have more time to spend with family and on other activities. However, negative consequences for work-life balance as a result of regulatory change in the sector was also evident. Previous regulations of the *Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016* and the *Guaranteed Hours Funding Framework*, coupled with the *Pay Equity Settlement 2017 Act's* implementation, resulted in a combined effect of increased complexity in rostering hours for support workers in the homecare sector. Care and support workers experienced a lack of control over their hours through highly changeable and unpredictable shifts. These consistent changes to work schedules and loss of guaranteed hours experienced by many workers caused considerable stress and worry over working hours, affecting workers' home life (Douglas & Ravenswood, 2019). Ravenswood et al., (2021) mention Aotearoa New Zealand's homecare sector continues to offer inconsistent and unreliable work even though regulatory changes have intended to address this important issue.

In summary, literature on work-life balance indicates that fiscal constraints and resulting organisational changes have increased already evident power-imbalances between management and the care and support workforce. Care and support workers experience reduced work hours and limited control over existing working hours which negatively impacts on balancing personal and family commitments with work. As suggested above, literature attaining to work-life balance for care and support workforces includes evidence of workers having limited control over their working hours.

Job Satisfaction

Easton and Van Laar's (2012) Job and Career Satisfaction (JCS) subscale assess the degree to which people are content with their job and corresponding prospects at work. This subscale is viewed as significant for overall quality of life at work and addresses the extent to which a person feels their workplace offers them the best aspects of work. For example, enabling circumstances for accomplishing goals, developing confidence, and fulfilment of potential. Within the context of this model, job satisfaction is influenced by clear goals and job roles, value, recognition of job role, reward, personal development, career benefits, and training needs. In relation to the context of this thesis, job satisfaction relates to both the career structure of care and support workers, as well as how valued and content they feel in their employment roles.

Chamberlain et al. (2016) offer a definition towards job satisfaction as being multifaceted and including an individual's aspect of "emotions, values, and evaluation of task performance" (p. 2). Available literature on care and support workers highlights how job satisfaction presents as a complex individual experience, affected by many aspects and variables (Chamberlain et al., 2016; Choi & Johantgen, 2012; Kim et al., 2014; King et al., 2013; Squires et al., 2015; Vainieri et al., 2019; Wallin et al., 2012). Variables cited as influencing job satisfaction of care and support workers includes organizational culture, leadership, supervisor and colleague support, effective communication, feedback mechanisms, training, employment contracts, and people's personal characteristics (Chamberlain et al., 2016; Choi & Johantgen, 2012; Kim et al., 2014; King et al., 2013; Squires et al., 2015; Vainieri et al., 2019; Wallin et al., 2012). For example, Wallin et al. (2012) found job satisfaction was influenced by a caring climate and personalized care provisions and that demographic characteristics or work-related aspects did not affect job satisfaction. Similarly, Squires et al. (2015) found job satisfaction was associated with important individual factors of empowerment and autonomy. Organizational factors related to facility resources and workload were also identified as important for job satisfaction and satisfaction with salary, job benefits, and work performance was found not to be important.

National and international literature addressing job satisfaction for the care and support workforce often refer to the nature of care work as being premised on employees' 'love of the job' (Dhakal et al., 2020; George et al., 2017; Hebson et al., 2015; Judd et al., 2017; Meagher et al., 2016; Ravalier et al., 2019; Rubery et al.,

2015; Stranz & Szebehely, 2018). These authors identify a commitment to assisting clients and the act of providing care as resulting in care and support workers experiencing feelings of wellbeing, empowerment, a sense of achievement, and a sense of reward when clients recover from illness, injury and achieve their personal goals. Other positive aspects related to the 'love of the job' are enjoyment in working with elderly people, forming relationships, and receiving appreciation from clients and their families. Hence, authors have often referred to paid carers as having a sense of altruistic motivation in their job (Dhakal et al., 2020; Hebson et al., 2015; Rubery et al., 2015).

However, researchers have mentioned there are underlying factors behind female care workers' altruistic motivations influencing their high subjective assessment of job satisfaction (Hebson et al., 2015; Ravenswood & Douglas, 2017; Ravenswood et al., 2014). Hebson et al. (2015) refer to work by Palmer and Eveline (2012) that women are socialized by gendered power relations into believing that caring should be altruistically completed and that there is a 'familial care logic' applied by employers and workers that caring work is completed for emotional reward rather than financial incentive (p. 262). However, Hebson et al. (2015) utilize Bourdieu's (1984) cultural analysis of class to explain how social contexts are affecting UK paid carers' evaluation of their job satisfaction. Applying Bourdieu's concepts of habitus and 'social capital' (social networks) and 'cultural capital' (access and level of education and engagement of cultural resources), Hebson et al. (2015) highlight the influence of family, social networks, limited qualifications, and judgement of previous work experience, affect the evaluation of value and perceived job satisfaction of this work. The authors conclude that the above influencing factors provide a means to understand how workers with low social and cultural capital enter into care work, and how their experience of the job help to explain high levels of reported job satisfaction.

The importance of factors relating to workplace culture in driving job satisfaction for care and support workers is evident in the literature (Chamberlain et al., 2016; Hebson et al., 2015; Meagher et al., 2016; Persson et al., 2018; Ravenswood et al., 2014; Wallin et al., 2012). For example, workplace factors identified as driving job satisfaction include management support, having supervision, perception of being valued, team environment, a sense of belonging, degree of autonomy, recognition, career opportunities, and a stable working environment enabling job security. Hebson et al. (2015) refers to residential carers in the UK who enjoy the team environment and the family-type atmosphere that this can bring. Conversely,

domiciliary workers preferred the independent nature and added autonomy that came with homecare work which involves caring for people in their own homes. Similarly, research on Canadian carers found job satisfaction was associated with leadership and autonomy, initiatives for sharing ideas and enabling advocacy, adaptive organizational staffing and resourcing, and having enough time to complete care tasks (Chamberlain et al., 2016).

It is important to note that literature for care and support workforces commonly addresses job satisfaction alongside intentions to leave employment or staff turnover. This is attributed to global aging populations, demand for services, and challenges to recruitment and retaining care and support staff (Chamberlain et al., 2016; Choi & Johantgen, 2012; Kim et al., 2014; King et al., 2013). For example, Choi and Johantgen (2012) found an important predictor of job satisfaction and intention to leave in certified nursing assistants (CNAs) in US nursing homes was supportive supervision. Specifically, CNAs with supportive supervisors were four times more satisfied with their work and had half the intention to leave employment that those with unsupportive supervisors. Similarly, a study by Kim et al. (2014) looked at direct care workers in the United States and found workplaces that were decentralized, with less official procedures and structures, and with greater levels of worker training and communication enhanced job satisfaction and reduced intention to leave employment.

Research has also highlighted the importance of training in relation to job satisfaction for care and support workers (Dhakal et al., 2020; Han et al., 2014). For example, research by Han et al. (2014) found certified nursing assistants who received more initial training for their jobs (compared to the federally mandated amount of minimum training required) were increasingly likely to report more developed quality training, which was correlated with job satisfaction. Initial training that included work-life skills (e.g., solving issues, working with colleagues, and job organization) enhanced the likelihood of workers being satisfied in their present employment. These researchers mention continuing education and argue that such work-life skills ought to be considered due to the association to work satisfaction.

Pay Equity Act (2017) and Job Satisfaction

Although Douglas and Ravenswood (2019) do not directly report on care and support worker job satisfaction they did address aspects related to this concept, such as achievement, recognition, appreciation, value, job training, and career path, providing important applicable information. The authors found care and support

workers had a sense of achievement and pride for their job and skills being acknowledged from the passing of the Settlement Act. However, residential aged care and homecare workers relayed the importance of the Act's impact on women and increased recognition for their work, but that it did *not* consider dimensions of improved *appreciation* for their work. These workers reported frustration, disappointment, and detrimental impacts on their morale at work for how the Act, and other Acts combined were implemented, with many workers feeling "worse off after the settlement" (p. 36). Within their report, Douglas and Ravenswood (2019) refer to a negative impact on workplace culture and increased bullying, particularly in the homecare sector. Care and support workers describe feeling undervalued from a lack of perceived trust, care, and consideration from providers for their work. This finding contrasts with experiences of support workers in the disability support sector, who felt more appreciated and valued, reporting intention to stay in the sector due to training and a sustainable career. Before the Settlement Act these workers reported enjoying their jobs, however, they felt their jobs were not justifiable on the low wages provided. With the wage increases, training, and motivation to get qualifications, these workers reported feeling invested in and viewed their jobs as more sustainable after the implementation of the Act. However, it is important to note that the Douglas and Ravenswood (2019) study only included 6 disability sector support worker participants, compared to 14 residential care workers and 15 homecare care and support worker participants.

Subsequent research by Ravenswood et al. (2021) also provides some information on job satisfaction for care and support workers after the Act's implementation. Regarding workplace relations, less than 50% of care and support workers agreed that they receive respect and acknowledgment they deserve regarding their working efforts. Only 44% of workers reported feeling satisfied or totally satisfied concerning the degree of support they receive from service providers or team members. Interestingly, however, a large percentage (63.4%) of care and support workers reported they were totally satisfied or satisfied for overall job satisfaction. These results indicate a closer look into job satisfaction is required to understand the impact of this Act on Aotearoa New Zealand's care and support workforce.

In reviewing literature on care and support workforces, job satisfaction is complex and characterised through experience of the work and influencing wider social contexts. Job satisfaction is mainly attributed to organisational aspects and individual factors, with prominent aspects being workplace culture, management support, perception of value, autonomy and a stable working environment.

Work-related Quality of Life Literature Review Summary

This literature review explored the available literature concerning four facets underpinning WRQoL for the care and support workforce worldwide: working conditions, stress at work, work-life balance and career and job satisfaction. This research illustrates that there is a clear link between the application of fiscal measures (i.e., such as pay equity legislation or sector reforms) with subsequent organisational reforms that impact the working environment of workers. These factors along with the intricate nature of wider social contexts in the background, have influenced employment conditions of workers in relation to their remuneration, organisation of work, ability to balance work with personal commitments and value perceived towards their work. Such resultant employment conditions have enabled power relations to negatively impact on workers, work intensification, stress, decreased managerial support and decreased worker autonomy. Such conditions have acted to unfairly disadvantage the caring nature of care and support workers who are known to often display altruistic motivation towards their clients. The above factors directly impact on carers ability to provide care therefore adversely affecting clients.

With regard to the care and support workforce in Aotearoa New Zealand it is clear that care and support workers experience a lack of appreciation and value for their role, stressful working conditions related to organisational work factors, a lack of control over working hours with reduced opportunities for achieving work-life balance, and inadequate support for their work. What is less clear for the care and support workforce in Aotearoa New Zealand is the effect of pay equity on their WRQoL which will provide detailed information to evaluate their working conditions four years after this Act's implementation. More nuanced information will provide means for establishing whether support workers are genuinely benefiting from the pay rates executed through this Act or disadvantaged from how this legislation has been implemented.

Chapter 3 Materials and Methods

Research Methodology

This study applies a qualitative research design as it enables a naturalistic interpretive approach (Gavin, 2008) for addressing the research question: “*How has the Care and Support Worker (Pay Equity) Settlement Act 2017 affected the work-related quality of life for Home and Community Support Workers in the Manawātū area?*” The chosen methodology has enabled a deductive and explorative approach towards investigating support workers' work-related quality of life. Utilising this approach enabled support workers' subjective perceptions, opinions, and points of view to be sourced, and in doing so, permitted access to rich, detailed, and complex data (Gavin, 2008; Leavy, 2007; Tripathy & Tripathy, 2017). Overall, the methodology was considered to be an appropriate means for procurement of intended and unintended outcomes, how information related to these outcomes occurred, and identification of intangible factors (Tripathy & Tripathy, 2017). Hence, the information obtained from this approach provided the researcher with strong, specific evidence to comprehend the effects of the settlement Act's implementation on support workers' quality of working life (Gavin, 2008).

In achieving the above, this research applies Van Larr's (2007) model as it contains a structure in which to view how the Act affected support workers' quality of life at work, namely within the four components of: (1) working conditions, (2) stress at work, (3) work-life balance and (4) career and job satisfaction. Elements within the model of Van Larr also sat within the concerns raised in Douglas and Ravenswood's (2019) *The Value of Care* report. Utilising this model aligns well with a deductive approach to research.

This research also applies a feminist perspective, which aligns with the deductive method as well as the epistemological approach (Leavy, 2007). In short, A feminist outlook was utilized due to the Act's settlement agreements for addressing historical pay inequalities and pay inequalities that have occurred in care work in relation to gender discrimination (Douglas & Ravenswood, 2019; Ministry of Health, 2017c, 2018b). This perspective was applied as it considers how gender is socially constructed in that feminist thinking is based on the notion of oppression formed on gender, and that social and cultural contexts towards women and men can unreasonably impact on women (Lokot, 2021). The concept that gender can be created in a binary form, which designates different standing to men and women

regarding their sex (Bromley, 2012; Lokot, 2021). Feminist thinking, although varied and diverse, is based on the notion that oppression is influenced by power relations and hierarchies, which is evident in everyday lives via encounters with sexism, ageism, ableism etc (Bromley, 2012; Lokot, 2021). Hence, a feminist perspective was applied to this study due to the nature of underlying issues of care work often being undervalued and subjected to gender discrimination (Charlesworth & Heap, 2020; Douglas & Ravenswood, 2019; McGregor & Davis, 2019; New Zealand Human Rights Commission, 2012; Ravenswood & Harris, 2016).

This study applies a qualitative approach with a feminist perspective as only women were recruited as participants, who have provided invaluable insights from the immersion in the culture of support work (Gavin, 2008; Tripathy & Tripathy, 2017). In doing so, this method provided a voice for support workers (Dinçer, 2019; Gavin, 2008) and while the corresponding research questions (from Van Larr's model) were intended for both men and women, this research utilises them in a way that allows for a more direct focus on women's experiences, opinions and subjective perceptions in relation to the Act (Dinçer, 2019; Gelling, 2013).

Researcher Positionality

Utilising a feminist perspective allows for acknowledgement of subjectivities in relation to the life experiences of both the researcher and participants (Freeman, 2019). Therefore, it is important to consider the positionality of the researcher within the study as it acknowledges the power relationships that are inherent in any research project (Dinçer, 2019; Phoenix, 1994). It is crucial for the researcher to understand how their position can affect their relationship with study participants, in conjunction with recognising the restrictions regarding objectivity (Deutsch, 2004; Dinçer, 2019; Gelling, 2013). In this study, I position myself as an insider/outsider (Dinçer, 2019; Naples, 1996). First, I view myself as an insider due to my previous working role as a registered nurse clinical coordinator and tutor, in which my interest was first sparked concerning the impact of legislative changes and how they were implemented. My role included managing and facilitating support workers' training and attainment of the Health and Wellbeing Certificate Level 2 and 3 New Zealand Qualification Authority (NZQA), which is two of the named qualifications stated in the Act. Second, I also see myself positioned as an outsider because I no longer work in this role, and I am no longer directly affected by this Act.

With respect to positionality, it is important that the researcher has awareness of their own knowledge, prejudices and values in relation to generating information and

the research process (Dinçer, 2019). Gavin (2008) mentions that in reflexivity the researcher acknowledges that their behaviour and interpretation of behaviour has an effect in the knowledge process. Therefore, I acknowledge that within this study, my experience as a nurse has enabled the utilisation of active listening skills to be applied during the data collection method of in-depth interviews. Furthermore, this listening skill is stated by Dinçer (2019) as an important element of feminist research and aspect involved in reflexive knowledge attainment via narratives, conversations, and in-depth interviews. In other words, I acknowledge that as a female nurse my knowledge, skills, and ability to apply active listening techniques affects how data is sourced and interpreted from the interviews in regard to the interviewees having their perceptions and experiences accurately presented within this study.

In-depth Interviews

In-depth interviews were selected for data collection as they can be applied to ascertain people's subjective meanings and explanations of their experiences (Boyce & Neale, 2006; Rice & Ezzy, 1999). Reinhartz and Davidman (1992) signify that interviewing enables researchers to attain descriptions of people's ideas, thoughts, and experiences in their words which is of great significance in feminist perspective of this research as this approach enables means for women's voice to be realised.

The method of face-to-face (in-person) in-depth interviews with a semi-structured format was the preferred data collection technique for this study. However, in the preparation for this study the researcher acknowledged the current COVID-19 pandemic environment and impact that this could have on completing this study. Therefore, in such circumstances where face-to-face interviews were deemed not to be possible, due to changes in COVID-19 restrictions, Zoom conferencing software was to be utilized to enable online interviewing. However, this extra precaution within this study design was not required as COVID-19 Level 1 enabled conditions for in-person interviews.

In-depth interviews are a qualitative research method involving "conducting intensive individual interviews with a small number of participants to explore their perspectives on a particular idea, program or situation" (Boyce and Neale, 2006, p. 3.). Hence, in this research performing in-depth interviews involved an interview guide listing questions under four specific topics, designed to provide rich detailed information on these topics (Guest et al., 2013). Further rationale for this choice is

linked to the method's merit, which permits the researcher to apply an inductive examination to obtain in-depth information. As such, this approach has enabled the researcher to obtain insights to information and connections between responses to questions allowing for complex high-quality qualitative data (Guest et al., 2013).

In-depth interviews were also selected as this method utilises one-to-one interviews which aid in developing communication, provides comfortable means for sharing information, particularly, on personal perspectives and supports building rapport between the researcher and interviewee (Guest et al., 2013). Both face-to-face and Zoom video approaches to conducting interviews enable means for developing rapport, effective communication (Beck, 2005; Gray et al., 2020) and applying active listening techniques. However, qualitative studies applying Zoom conferencing software during interviewing participants, have reported technical difficulties (Archibald et al., 2019; Gray et al., 2020). Although interviewing through applying Zoom software enables convenience, flexibility, time saving and no travel difficulties (Archibald et al., 2019; Gray et al., 2020), the interviewers preference for in person, face-to-face interviewing, is reflected in knowledge that this is the gold standard method, with maximum quality of data attainment and reduced nonresponse (Lavrakas, 2008).

Semi-structured distinctively open-ended questions also gives interviewees the freedom and flexibility to answer questions in the manner they choose. This provides optimal means for exploring topics, therefore conceivable measures to gather detailed, highly contextual information and knowledge regarding participants' perspectives, experiences, thoughts and feelings (Boyce & Neale, 2006; Gavin, 2008; Guest et al., 2013; Tripathy & Tripathy, 2017). This flexible approach to interviewing enables many advantages, including re-phrasing of questions to encourage more in-depth information, as well as obtaining clarity, and adaptability for pursuing unanticipated data (Denscombe, 2014; Guest et al., 2013; Hopkins et al., 2012; Scanalan, 2020). Ultimately, the above ways of conducting in-depth interviews are vital for ensuring quality of data, and also for enabling a deeper exploration of personal perceptions and experiences (Guest et al., 2013; Scanalan, 2020).

A key strength of in-depth interviews is gathering data that is detailed with a human element of what experiences mean and which allows for greater depth and nuance (Boyce & Neale, 2006; Guest et al., 2013). While it is not possible to recruit high numbers of participants, one particular strength of qualitative research is that it

involves a smaller sample size, which allows the researcher to attain a sufficient amount of in-depth data. Additionally, this information can be gathered from people who may struggle with literacy development. These are just a few of the advantages that stem from using a qualitative approach to research, in contrast to quantitative, which is typically more focused on posing close-ended questions within highly structured surveys or questionnaires and gathering data that is easily quantifiable (Boyce & Neale, 2006; Guest et al., 2013).

Limitations of in-depth interviews include being prone to bias and information generated that is not generalizable due to small sample size and non-random sampling methods (Boyce & Neale, 2006; Guest et al., 2013). Other drawbacks of in-depth interviews relate to the time commitment and costly process involved in attaining the data (Denscombe, 2014; Guest et al., 2013; Tripathy & Tripathy, 2017).

Participants

The participants for this study are support workers who are primarily employed in the home and community sector within the Manawatū area. Support workers of Levels 3 to 4 (relating to experience or qualification) were purposively sampled. This worked effectively as it naturally led into a snowball recruitment method, which enabled the target of eight eligible study participants to be achieved in this study, within the short recruitment period of six weeks.

The inclusion criteria used for identifying the sample for this project were:

- English-speaking
- Female
- Aged over 18 years of age
- Working as a support worker in home and community care in the Manawatū region since prior to 2017 (initiation of the Act).
- Level 3-4 support workers

As some support workers are often employed with more than one provider, support workers recruited in this study needed to be working mainly in the homecare sector. The total sample size of six to eight participants was selected, which reflects the time available for attainment of rich contextual data through in-depth interviews with respect to resources and the scope of this study (Morse, 2000). Data was collected from each participant pertaining to their background information (ethnicity, income, age etc), which helped to provide a contextualised understanding of the participants

backgrounds (Appendix 3). The following Table 1 provides a snapshot of key participant demographic information from this study with participant pseudonyms.

Table 1: Participant Demographics

ID	Wage Rates: Qualification / Work Experience	Full- or Part- time	Years of Experience as Homecare Support Worker
Sharon	Qualification	Part-time	7-10
Lorraine	Identified wage rate to both categories	Full-time	15-18
Jill	Identified wage rate to both categories	Full-time	15-18
Helen	Qualification	Full-time	7-10
Molly	Qualification	Full-time	7-10
Cathy	Experience	Full-time	11-14
Sarah	Not stated	Full-time	19+
Tanya	Qualification	part-time	11-14

Recruitment

To recruit participants for this study, various networks within the home and community sector and wider community were utilised. This included informing and promoting this study through phone calls, emails and meetings, in which the study's information sheet (Appendix 1) was provided to kaiāwhina workforce representative and industry training organisations, home and community sector providers, unions, and through local community health, and social service organisations.

Potential participants interested in this study contacted the researcher via phone or email. During this contact the researcher established if the interested person met the inclusion criteria. People not meeting inclusion criteria were thanked for their interest in this study. Women eligible for the study were phoned to discuss a suitable date and time for the interview. This phone call also served as an opportunity for the participants to ask the researcher any additional questions about the study and enabled means for developing rapport before the actual interview. Once recruited into the study, participants were then asked to sign the informed consent form at the beginning of the in-depth interview (Appendix 2).

Ethical Approval for this Research Project

The Massey University Human Ethics Committee identified this research as being low risk and provided ethical approval to proceed with research on 13/06/2021. On the study's information sheet and informed consent form (See Appendix 1 and 2), attention was paid to ensuring clarity for informed consent procedures, privacy and confidentiality, access to and ownership of data and how the data will be used. To enable informed consent, the researcher provided information on the purpose of the Settlement Act and her research study. The participation criteria (and what participants would be involved in), participants' rights, including the right to withdraw from the study without undue effects was also outlined. Measures for enabling privacy and confidentiality of participants was applied through restricting access of data to only the researcher and her two supervisors, removing identifying information and replacing it with pseudonyms and numbers to provide anonymity.

This also included security measures for storing research data and materials in locked draws, as well as any e-data stored on computers being protected with pins or passwords. The ownership and storage of data of this study is governed by the Massey Universities *Code of Ethical Conduct for Research Teaching and Evaluation involving Human Participants Revised Code 2017*. Data will be held under safe keeping for a period of seven years, after which time the data collected will be destroyed. The researcher stated information obtained from this research will be presented in a thesis as part of completing the researcher's master's in public health through the College of Health, Massey University and that information derived from this study may also be published, such as grey literature, publications in academic journals, or presentations at conferences.

Data Collection

A pilot interview was undertaken with one support worker on 29th of June 2021. This enabled a trial of the semi-structured interviews to be completed with the audio recording. Following this pilot, the prompts for the open-ended questions were altered on the interview schedule. For example, the interview questions were typically broad, enabling the interviewee to answer as they saw fit. Alongside these questions sat the prompts, which were edited further to enable a more focused discussion on specific areas of interest for this study.

Questionnaires

Before commencing the interviews, each study participant was given a short questionnaire to fill out (Appendix 3). As mentioned above the questionnaire consisted of demographic and background information, including date of birth, ethnicity, level of support work and whether this was through qualification or experience (or perceived by participants to be both), whether the participant was the primary household income earner, income brackets, if current work was part-time or full-time as classified 30 hours or more a week, years of experience as a support worker in homecare and how they came to work in the role of support worker. The questionnaire acted as an ice breaker and provided an opportunity to start building rapport to enable a comfortable environment to progress to the interview.

The interviews occurred in person face-to-face with eight support workers, over the month of July 2021. Interviews ranged from 52 minutes to one hour and 45 minutes and was guided by an interview schedule, comprising of open-ended questions with prompts. The interviews were based on Van Larr model and addressed the four psycho-social subscales: working conditions, stress at work, home-work interface, career and job satisfaction, and an overall quality of life at work question. Eleven open ended questions were constructed from Eastern and Van Laar (2012) *User Manual for the Work-Related Quality of Life (WRQoL) Scale A Measure of the Quality of Working Life*. However, as this study has a focus on extrinsic working conditions of wages and working hours, as well as other working circumstances affecting support workers' ability to work effectively (i.e. job safety), Easton and Van Larr (2012) subscale WCS, was expanded. The question "How has your pay changed since the Settlement Act?" was applied enabling a particular emphasis on income, as part of investigating the effect of the Settlement Act on support workers' WRQoL (i.e., an Act which specifically addresses pay equity).

All interviews started with the working conditions component and progressed through stress, work-life balance and lastly job and career satisfaction. However, if information from one of the topics was more aligned under a different topic, this information was added under the appropriate topic.

Two additional questions after the four component areas were also included in the interview schedule: Do you have additional information you would like to add? And do you have any questions for me? For the first, this gave participants the chance to add any additional information and provided the option of stating any information which they regarded as particularly important as part of the interview. Some

participants took-up this opportunity to emphasis what they regarded as key information. For the latter, none of the participants had any further questions. However, the majority of participants were appreciative for the opportunity to talk and be listened to in a manner that would provide insight for future conversations regarding the research topic.

The interviewing techniques of repetition, summing up and interpretation, along with additional clarifying questions were applied in obtaining information during interviewing. Some questions were repeated or re-phrased to enable probing and to achieve clarity and depth of information (Gavin, 2008b), however every effort was made to maintain a natural discussion.

Consent was attained to audio record prior to and at the commencing of the interview. Recording occurred via voice recorder software on an Envy hp laptop computer and on recorder application on a Huawei Y9 Prime 2019 cell-phone, as a back-up. Verbal consent was obtained from participants for notes to be taken during the interview and the recorded interview to be sent to a computerised software transcription service. No participant declined either approach, which was documented on their interview sheet. At the end of the interviews each participant was thanked for their time in contributing to this research and notified of the possible date of results from this study.

Data Analysis

Thematic analysis (TA) was utilized within this study. This method of analysis enables the examination of sequences and their meaning, within qualitative data (Clarke & Braun, 2014; Gavin, 2008). The focus being to “identify and describe both implicit and explicit ideas” forming categories within the data (Guest et al., 2012 p. 9). TA was selected due to the method’s benefit of capturing the complexities of meanings in outcome data and application in studies involving interviewing designed to address the qualitative exploration of circumstances or experiences from participant interviews, and therefore is suitable for this study (Gavin, 2008; Guest et al., 2012).

To analyse data collected within this study the researcher firstly had the interviews transcribed electronically. Transcripts were checked against the audio recordings for accuracy and alterations were made, sensitive and identifying data was removed. Transcripts were presented in a verbatim format with pseudonyms and numbers assigned to protect participants confidentiality (Wiles, 2013). Transcripts were imported into Nvivo software for analysis. During this process a research journal

was formed to record notes, reflections and ideas on concepts, similarities, and differences across the transcripts. This approach enabled the researcher to become familiar with the data, in line with Clark and Braun's (2014) phase one of their six-step process of TA (and referred to throughout this thesis as data analysis).

This study incorporates a deductive approach to TA through applying the theoretical concepts of Van Larr et al.'s (2007) framework involving the four stated psychosocial subscale components of working conditions, stress at work, work-life balance and career and job satisfaction. This, in turn, involved utilising an approach referred to by Clark and Braun (2014) as 'top-down'. This aspect of TA is highlighted as phase two by Clark and Braun (2014). This process included coding data by identifying sections of participants' text responses in questions under each of the four components. Aspects, concepts, or ideas within the data perceived as important or significant by the researcher were systematically assigned to codes under these set components, forming coding trees relevant to the research question.

Phase three of this process involved the formation of categories through addressing similarities and overlap in codes and coded data (Clark & Braun, 2014). This inductive process involved merging and re-defined codes and resulted in larger general codes with some becoming promoted to potential prominent themes. A comparison of the frequency of referenced material within codes, recognising code co-occurrences and relationships between codes led to the development of thematic maps (in the form of mind map) to enable the relationship between codes to be illustrated and how potential prominent themes work together to reveal the fundamental story of the data with regard to answering the research question (Clark & Braun, 2014; Guest et al., 2012). These thematic maps of each code tree also enabled the relationship of a set component with developed potential themes and codes in the analysis to be illustrated (Clark & Braun, 2014). At the end of phase three the four sets of components and their thematic maps were compared to check the potential themes and their relationship to each other, all of which helped to inform the story behind the data and answer the research question.

In phase four, the categories of codes were re-evaluated in relation to the coded data as a means of checking for 'good-fit'. This process also ensured that the themes formed a credible story in relation to the coded data (Clarke & Braun, 2014). If the categories of codes were determined to work with the coded data, then the categories were re-assessed against the complete set of data. A recursive process

of going to-and-fro occurred (between category development and re-evaluation) until the researcher was content that the categories of codes coherently represented the relevant features of the data and that the codes and themes worked together to provide valid answers to the research question (Clarke & Braun, 2014).

Phase five of this process entailed defining the categories of codes with their definitions representing the central concept. This included noting the extent and/or margins of the codes and their relationship to developed Key-themes within the set components in relation to the research question. In short, this phase effectively summarised the content of each code within the set components.

Clark and Braun (2014) state that writing up is the last phase of this analytical process and note that “there is no clear separation between analysis and writing” (p. 1951). As such, the writing up of the results in this thesis involved constructing, editing, writing, further arranging and examination of codes. Selection of important text extracts from the interview transcripts including direct quotes act to acknowledge the researcher's own bias and perception of the data (Gavin, 2008c) and provide convincing evidence that support the analytical results (Clark & Braun, 2014; Gavin, 2008c).

Chapter 4 Findings

The results presented in this chapter answer the key research question “How has the Care and Support Worker (Pay Equity) Act 2017 affected the Work-Related Quality of Life for home and community support workers in the Manawātū?” The findings on the ramifications of the Act are presented using the four components previously identified as underpinning WRQoL: working conditions, stress at work, work-life balance, and job and career satisfaction.

Working Conditions

Pay Equity and Effect on Income

To open the interview, participants were invited to respond to how their work had changed since the Pay Equity Settlement Act came in. The first question asked “How has your pay had changed since the Settlement Act? Six of the eight support workers reported a sizable initial increase in their pay rate. For instance:

Hugely, that we weren't being paid very much at all, to being paid very well, as far as I'm concerned, yeah. (Jill)⁴

This quote highlights the delight experienced by the increase in wage rates.

However, in conjunction with an increase in their hourly rate, half of the participants reported an initial drop in their employment hours. This was associated with less time allocated to clients for care, employing cheaper staff and linked with a reduction in guaranteed hours.⁵ For example:

We got more pay but got given less hours. Because our pays went up, they weren't probably quite so willing to give us so many more hours. (Helen)

They also changed our working ... of how long they would give our clients for. So instead of giving an hour to do a shower and whatever else we had to do, we have to do what we're doing in an hour, in three quarters of an hour, or half an hour. Plus, we were expected to do more in that time, which was less time than what we had then when the pay went up. They didn't do it so much for existing clients, but they did it for new clients, that they would not

⁴ Participant quotes are displayed in *italics*, with emphasised words underlined, and pseudonym names in brackets at the end. Conversational tone, for example [laughing] is presented in square brackets along with words added to enable the spoken word in sentence form to be more understandable. Sequential full stops designate removal of words to also attain sentences to be more understandable.

⁵ As income was related to pay and hours participants often mentioned their pay rate in association with their hours of employment with many participants contracted on guaranteed hours.

give you an hour but more like three quarters of an hour for a shower. And then at night-time for medication prompts or even during the day, it was just quarter of an hour, or half an hour for dinners. (Helen)

Once pay equity came in, and of course we are on different levels. What did they start doing? Us ones that knew what we were doing and had up to level three, we weren't getting the work. They have gotten a bit better now, but we weren't getting the work. They were actually bringing on new ones that they could pay \$2 or \$3 cheaper... But yeah, so the pay increase actually ended up being a detriment to us for quite some time. (Molly)

Some participants indicated that the pay increments over the last four years have been small and not kept up with inflation and other living costs. Participants also compared their wages to the current minimum wage:

We were only on \$13 -14 an hour, then all of a sudden, we went to \$20-21, which was amazing. But it's only gone up in small increments along the way, and it doesn't keep up with inflation. Unfortunately. (Molly)

I think at the moment, I'm still sitting ... only a few dollars more than the minimum wage. Still ... as you know, we got the pay equity ... But it's like the minimum wage and it went up. Ours hasn't changed. Ours hasn't gone up. I am apparently due for a pay rise this month. I'm waiting to see if it comes through. (Lorraine)

The above quotes illustrate an initial delight at the improvement in pay rates for these support workers. However, the increments in pay were viewed as disappointing, and often left support workers earning similar wages to the minimum wage.⁶

Limited Management Support and Communication

Participants related the implementation of the Act to a decline in management support and communication. Three participants reported some support from management regarding their role however, this support was often limited to occasional feedback and some emails, with only one provider offering regular staff meetings. The majority of participants expressed a loss of leadership within the workforce on which to depend on when needed and poor communication processes. This was highlighted by Sharon and Sarah, who stated:

After pay equity came in, we didn't really have much to do with the company itself ... And then for coordinators, it was hard to get through to them. We sat for ages on the phone. There were times when there was urgent needs to get them in, and we got, "Just leave a message." And so you deal with a

⁶ Support workers often mentioned their pay in relation to travel as their pay is affected by vehicle running costs between clients. This however, is the previous regulation of the *Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016*.

problem yourself. And then later on, you forget to call them back and tell them what happened, yeah. (Sharon)

Well, occasionally you go to a client that isn't the best and you can complain about it, but nothing is ever followed up, you know, about anything, really! At the moment the way it's running, I'd say the place is nuts. You get no answers to anything ... you get no one will pick up ... no one will deal with anything. It's crazy. (Sarah)

The above quotes highlight the effects of deficient support and communication, leaving support workers with little guidance and support around tasks requiring feedback and assistance from management, which in turn directly impact on their work and everyday job responsibilities.

Participants also commented on the lack of staff meetings and support forums, which were initiated and often not followed through. This added to participants feeling undervalued, unsupported, and increasingly isolated from a lack of management support. For instance:

We had a meeting here, in [local office] in October. So, what's that? Just over 18 months ... We had a meeting, and I've said this a lot, but I've been laughed at by my boss, when I said, "We don't have enough contact. We're out here on our own! and we don't have office contact" ... Even now, you just get a text message on the phone. Nobody. They don't ring. So, it's worse now. I said, "I think that you guys should contact us, or we should have a meeting frequently to find out, you know, if we're alright." And I was laughed at. (Jill)

No, we don't have any staff meetings. We were meant to. They were meant to have done it. I think they did like one...maybe two. Then that was it. (Helen)

Re-organisation of the workforce was also reflected on in relation to the Act's implementation, which has an impact on support regarding work. This was evident in Lorraine's comment:

They have changed it, and everyone is equal and the responsibility in the house, the only one we answer to is the manager. We used to have Level Fours, they were called. And that got taken out about when the pay equity came in as well ... So we don't have senior support workers anymore. We're all just support workers. Which, I suppose, and in some places that does work, and in others it does not, because you haven't got someone to go to in the house, knowing that they've had that extra work, you know, they have had the training etc. (Lorraine)

Training Related to Working Conditions

Although some participants mentioned training as part of attaining their current designated support worker level, all participants expressed that there needs to be more training. In short, training was viewed as inadequate or that more on-going

training was required. For example:

The way we get trained to know most of our stuff is not ... I don't feel it's up to standard, up to scratch. It's mainly online, not face to face, classroom type. And some of the people I work with, it's the only way that they learn really easily, when you do the face-to-face talking to someone, showing them how to do something. Computers work so well on some things, but others they don't. But I'm guessing there's a cost cutting effect. I mean, if you get a computer shoved at you, everyone can do this on the computer, and they don't have to bring someone in to train you for that day. (Lorraine)

Under section 12 of the Act, “Employers must ensure care and support workers are able to gain qualifications” (Care and Support Worker (Pay Equity) Settlement Act 2017, p.9). However, responses from the study participants indicate a mismatch between training for qualification levels and practical training for support worker roles. More specifically, participants mentioned a lack of management support for practical training, in relation to effective communication of training opportunities and deficiency of training in practical tasks of their job, including use of equipment. For example, when asked to talk about safety of their work environment and training provided, participants responded in the following ways:

But there's no training. Like, for instance, that client I just spoke about. We said that it was a different hoist. I've not used that hoist before. So I said, “Well, I don't know what I'm doing because it's a slight hoist.” I said, “I've not used to sling hoist before. And they said, well apparently, the manager called everyone in and text everyone to come in at 3pm to do a training course. And apparently two people turned up and no one else got the text message. So we get taught by each other, not officially by anyone who should be. (Sharon)

No, not really ... But, you know, hey, we train the new people that come in. I do a two-person job, twice, two or three times a day. And so I get the new ones and train them. (Helen)

I think there needs to be ongoing training. Well, like catheter bags. They have sent girls in to do catheter bags who have never done a catheter bag in their life. Well to me, that's wrong! (Molly)

Well, they say they give us training, but they never do. I've never been trained in using a hoist or any equipment ever. Although they will tell you that all girls are trained, but they're not. (Sarah)

Support Worker Pressure Related to Working Conditions

Participants expressed additional pressure from the organisation and scheduling of their work, as well as perceived lack of support from management. This involved pressure to accept extra shifts, working by themselves in two-person care situations, lack of time off work and reports of fatigued and unsafe working conditions.

On a regular basis too many hours because of staff being off. And you do at times feel pressured to fill those hours, even if you don't want to. You know, you get the sob story of, "But there's no one else to do the job and this needs to be done." And quite frequently you do give in when you shouldn't. I'm thinking what, three weeks ago, my rostered days off, I don't think I had any of them, apart from two, out of three days. So, two days off in three weeks is not good. (Lorraine)

In relation to the Act being implemented, many participants commented that they now had significantly less time allocated to undertake the jobs they usually do resulting in work intensification.

We don't always have enough hours for care either. They want to 'screw' you down too ... you get half an hour for a shower now, no matter how long or how difficult they are pretty much. 15 minutes to put pressure stockings on ... not always long enough. They can be a bit difficult. (Sarah)

Work intensification was also highlighted in an apparent lack of available staff.

If for some reason you're down staff and there's only one of you there, your workload, of course increases almost, it's not double, I'd say it's triple ... because you're constantly on the backfoot running behind everything. (Lorraine)

A palliative care person ... you should not have to try and do somebody that's going to die, probably within the next two days, by yourself. Just bung-them-in and stuff like that. Because they just say they can't find the second person. You're just left to flounder. (Sarah)

The above quotes illustrate the effect of work organisation resulting in too many employment hours, lack of available staff and less time allocated for client care causing pressure and unsafe working conditions for these support workers and their clients.

Perceived Negative Workplace Culture

The participants perceived a negative workplace culture created by management within the providers. Changes in the organisation of work and reduced communication and support by coordinators indicated a decline in workplace culture. A provider centralizing the co-ordination of client services (stated to have occurred approximately one year ago) was reported by participants to have resulted in the loss of local regional co-ordinators. This centralization was linked to a lack of regard for support workers, communication issues and decreased support.

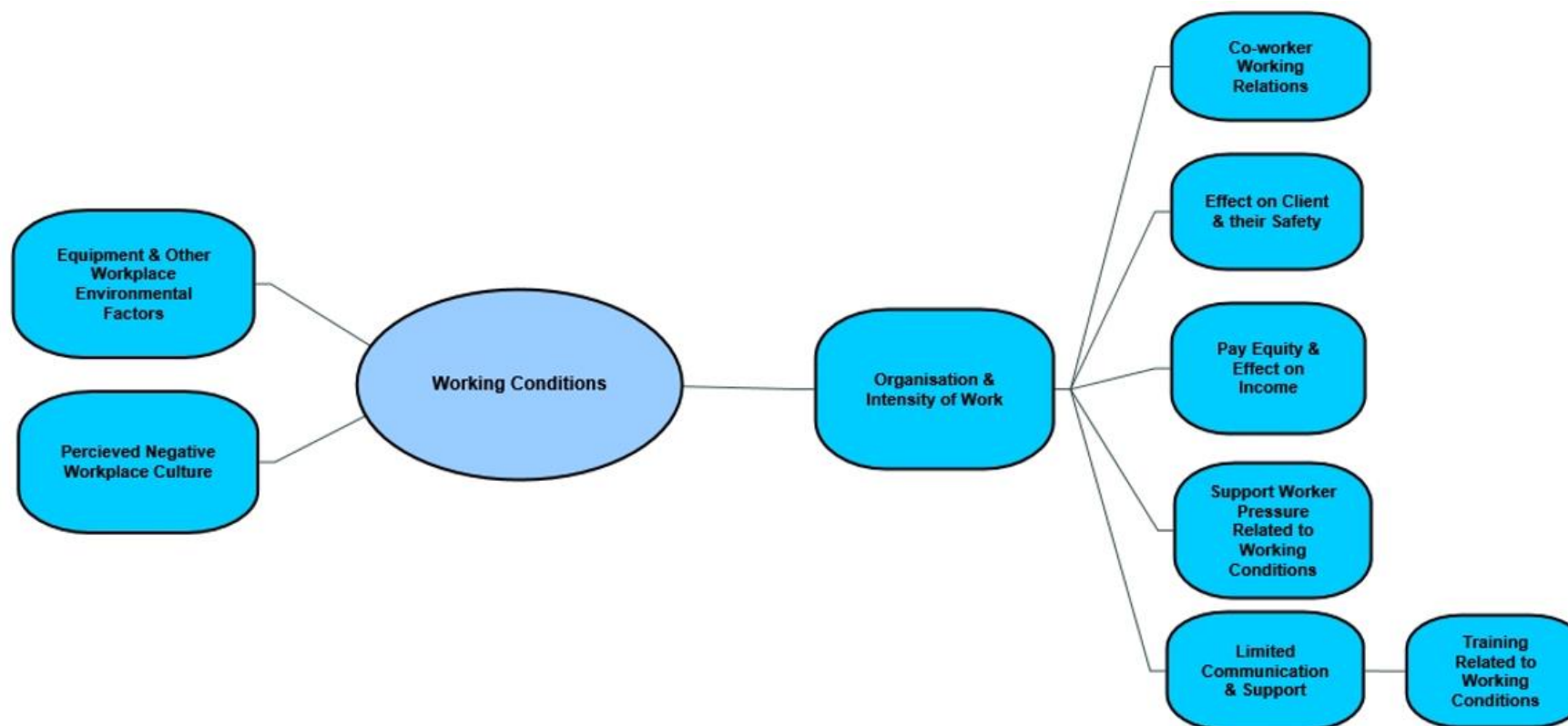
And it's a bad thing with the place. Not just where I work, but the company I work for, they have a bad culture of 'We need someone to do this. We don't care if you've just done a sleep over, or a day shift and asleep over, we need you to come back and do this because we need someone here.' (Lorraine)

I mean, if they said, 'We have an afternoon tea for you, it's compulsory, it's paid. And we would like to talk about a few things,' they possibly could get a bit of response. But say, 'You come in on your own time, we don't care what hours you've just gone and done. We don't care how this screws with your personal life, what personal life, just front up.' (Cathy)

The above quotes highlight how these support workers perceive the attitude of the workplace culture towards them and emphasis a lack of consideration for their welfare.

The flow diagram Figure 1 encapsulates the codes and themes stemming from qualitative responses within the 'Working Condition' component of WRQoL. It offers a succinct illustration of how the multiple codes are related to the implementation of the Act and work to either enhance or impact working conditions.

Figure 1: Impact of the Pay Equity Act on Working Conditions



Note. Located on the right of this diagram, three of the above codes stem from the organisation and intensity of work (Pay Equity & Effect on Income, Limited Communication & Support and Support worker Pressure Related to Working Conditions).

Stress at Work

Workplace Culture and Aspects Around Support

Participants highlighted concerns regarding a lack of appreciation for their role as support workers. This comprised of low levels of perceived support for their work and welfare, often involving limited communication. Two support workers reported no support at all from provider and stated the following:

Because they tell you, you have to ring them at work. Well, they don't give a stuff. They don't want to know what you're going through. (Jill)

No, there's no support. There's no support there at all. No, definitely not. [This region] doesn't know what they're doing. So, there is no use ringing them. (Sarah)

Lack of Communication and Isolation

Support workers outlined many issues with communication. These issues included not being able to get hold of the coordinators' office or manager through phone systems. This limited contact resulted in support workers feeling isolated and alone while at work in the community.

So actually, getting hold of them is shocking. Absolutely shocking to be honest ... communication, communication is the big thing. You feel like you're on your own ... very much on your own. (Molly)

Well, there's a couple in the (local) office but honestly, they'll pick up the phone never, they will return nothing ever. They don't deal with anything ever, but then they don't need to worry themselves about anything. (Sarah)

A lack of being able to get hold of the office was reported to affect the co-ordination and organisation of care.

So I was here, and they wanted me at this one. Which would be fine, but the one that I would do after you, they wouldn't ring and let them know. (Jill)

I did have an appointment one day, and by the time I got hold of [the regional office], blah blah. So, I rang a girl, another support worker and said, "Look, I need to be at the hospital actually for an appointment." I said, "Would you be able to fit her in?" I said, "I will ring [this region] and get it put on your phone." But you shouldn't have to do that. But we have started to do that between ourselves, because at least we know our clients are going to be seen! (Molly)

The above quotes illustrate that support workers are making alterations to rosters as they have lost confidence in the provider due to communication difficulties of contacting the office.

Stress Symptoms and Health and Safety

Stress and pressure were reported by all of the participants. This ranged from feeling a bit pressured and annoyed, up to constant levels of stress. Frequent reports of stress were mentioned as being too tired, fatigue, mental exhaustion and draining work. Participants expressed this regular stress as largely attributed to the organisation of work. These factors included a lack of staff on shifts, pressure to take on more shifts, intensified work from high load of client visits in limited time frames, work not done properly by other support workers and lack of communication and support by management.

The biggest pressure again, you get pressured into doing extra hours when you shouldn't be. You just get too tired. (Lorraine)

But it's because you can't talk to anybody in the work situation, that you're just stressed all the time because there is no one to deal with anything! (Sarah)

It's like my hand was like that, and I crushed all across here [points to her hand] and I have consequently destroyed four nails. And that was a really bad jam. And it was because I was fatigued. I worked too much, slept too little. I did that at work. Car door. And it's fatigue, it's fatigue. Yeah, such a mess. (Cathy)

Participants expressed varying levels of stress related to the lack of coordination and rostering practices, regular pressure from last minute calls for extra shifts and unfair rostering. In addition, a shortage of available staff and long working periods were also reported (i.e., 12 days on 2 days off). The result is that support workers feel intense workplace stress resulting from understaffing, time restrictions and rostering issues. For example:

I think the District Health Board is really trying to get rid of household management, [and move it] out of the equation. They only really want us to be dealing with personal cares. But when they're only giving us 15 or 30 minutes, they're expecting a lot of us in a day, if you want to fill in an eight hour day. (Sarah)

Because we were so short staffed, there are days where I'm starting at 7am and not finishing until 5.30. And then my rostered days off, I'm having to come in and work on them, because there's no one available. (Lorraine)

Stress from Co-worker Care and Working Relations

Working relations with other support workers varied, with positive to negative accounts under the stress component. The majority of support worker participants reported on aspects of inadequate cares by other support workers, colleagues not turning up for shifts and negative behaviour and communication issues often impacting on client cares which are largely influenced by the organisation of work.

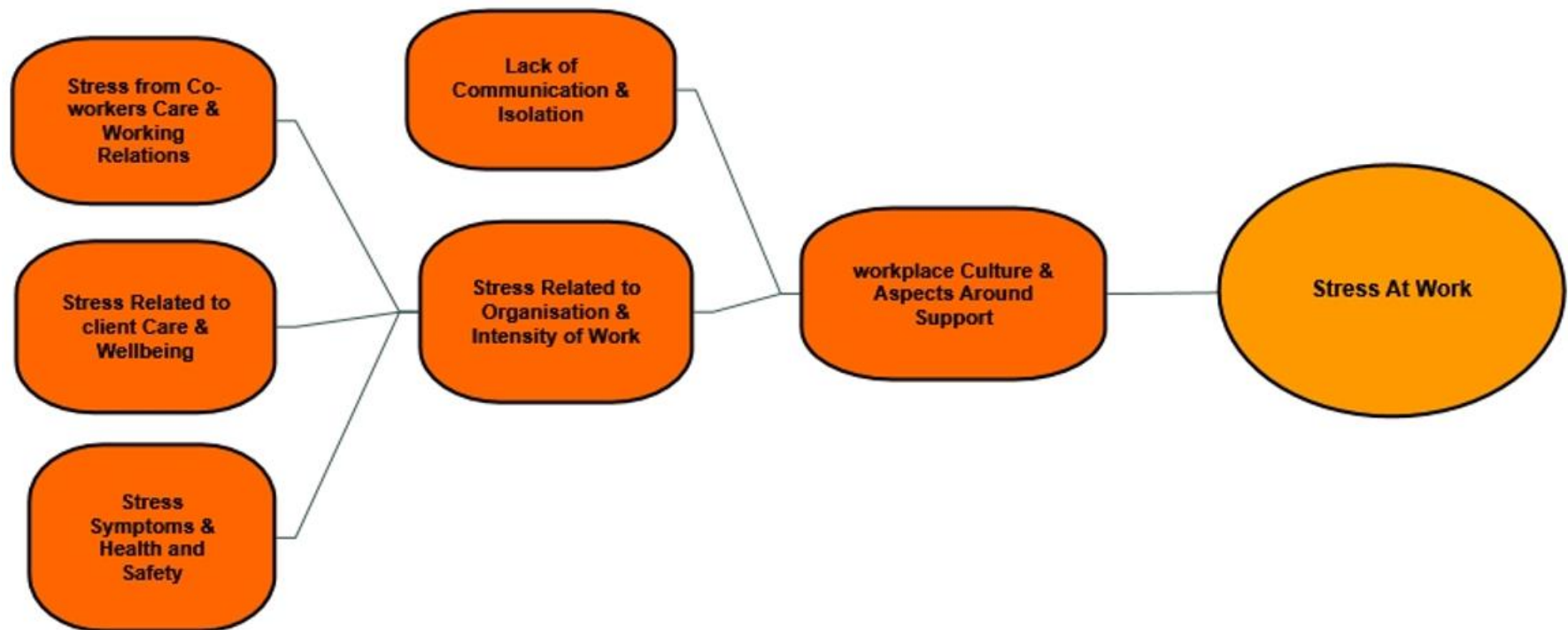
One study participant disclosed co-worker bullying behaviour and competition for higher paying shifts. These factors being reported as worse after the Acts implementation.

And with the young ones coming through. They're all about getting the job done and getting out. It's horrible ... It's horrible! I'd hate to think that when I'm old, someone comes and pulls socks or stockings off, put some cream on [and] goes. And then I'm sat there ... and that's it until whenever. You'd like to think that they would sit and have a chat. (Jill)

The Act was viewed by participants to bring new support workers into the industry, however the organisation of work, alleged deficiency of support for practical training, perceived spiteful behaviour, lack of appropriate attire and low work ethic of some support workers has affected working relations and impacted on client care.

The flow diagram Figure 2 encapsulates the codes and theme stemming from qualitative responses within the 'Stress at Work' component of WRQoL. It offers a succinct illustration of how the multiple codes related to the implementation of the Act work to drive or reduce stress at work for homecare support workers.

Figure 2: Effect of Pay Equity on Stress at Work



Note. The above four mentioned codes surround stress related to organisation and intensity of work (Stress from Co-worker Care & Working Relations, Lack of Communication & Isolation, Workplace Culture & Aspects Around Support and Stress symptoms & Health and Safety).

Work-life Balance

Very Limited Flexibility by Provider Towards W-LB

When study participants were asked, “In what ways does your employer provide adequate facilities and flexibility for me to fit work in around my family life?” seven participants gave short abrupt answers of, “No, they don’t” or, “Doesn’t apply.” For example:

They don't ... Absolutely, they don't. They don't talk to you about your needs at all. To be honest with you, they're just worried about covering these clients. (Molly)

We have no coordinator or anybody that gives a toss ... so no, it's non-existent. (Sarah)

The responses to the work life balance questions illustrated participants felt there is no consideration of their welfare in relation to work life balance. This was linked to be worse since the implementation of the Act due to intensification of work and shortages of available staff.

The remaining support worker spoke of some support around family commitments however, this was for short periods of time.

There have been times where I've had to shoot off from work to deal with issues at school or something. And she's [manager] been quite happy for me, as long as it's not been a couple of hours. If it's like 30 minutes, 40 minutes, she's fine. (Lorraine)

Support workers mentioned that staff shortages are commonly associated with a lack of flexibility for management towards their employment hours. Two support workers spoke of not being given time off to attend funerals of close friends.

Not ... so good. Really! No. They are happy if you want an extra shift [Laugh]. Not so happy about time off. I can give you examples ... funeral to go to. My best friend died, and they won't give me the whole funeral day off. I had to work in the morning. Anyway, I was going to the funeral, and I had to do three clients first ... before I could go to the funeral, because they didn't have anyone to cover. (Helen)

One support worker Sarah took the notion of lack of flexibility at work further and related it to recent centralisation of work practices, stating:

See when we had a coordinator, if you had anything that you wanted to go to, or something, you know, you could ring her, and she would sort it. You know, like, just cover your shift. It was easy. But now, you don't do anything because no one will deal with anything. We tend not to now, because we know our clients are not going to get covered. So, I think that's gone by the way, that whole flexibility. (Sarah)

Hours of Work Suit Personal Circumstances

Five support workers reported their hours do not suit their personal circumstances.

No, they don't suit my personal circumstances. I used to finish work at 4 o'clock. And the hour and a half difference makes a huge difference when your partner goes to bed very early because of his hours. So, with the service review that's coming up, I'm hoping ... I'm hoping to see what changes I can make, to bring my finish time down. I don't mind losing a few hours, if I get to spend more time with my family. (Lorraine)

Jill and Sarah commented they now had more choice regarding working hours as they can work less hours due to the pay increase. Sarah explained:

Well, now that we've got a better pay rate, I guess ... I used to work seven in the morning to eight o'clock at night, 12 days in a row. Now that were paid a bit better, you don't have to pick up those late ones so much, I guess. So, I guess it does ... and because I've got my [family] here, if I choose not to do some of the later ones now. I guess that's a bonus. (Sarah)

Support workers were not in favour of how their rosters, shifts and hours of work is organised and commented on split shifts, working nights and weekends, however, accepted this as part of the job.

The split shifts, I do find are silly things ... To be honest with you, I hate the split shift. And I'd like to not do the night shift. But to get enough hours [I've] got to. Well, you see there's basically no work between one and four. So, you've got to do the split shifts, to get your hours, to get your 40 hours a week. (Molly)

The organisation of work greatly impacts on participants' ability to strive for any work-life balance.

Workplace Culture and Impact on Support Workers

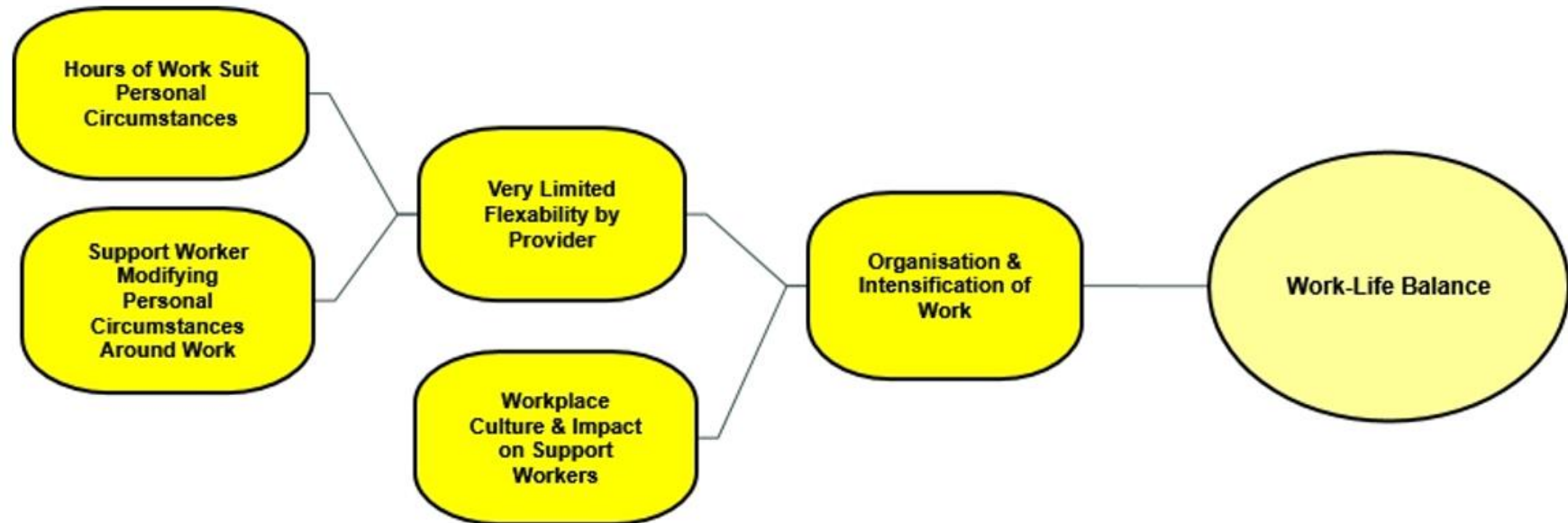
Participants emphasised their feelings towards management having little regard for their health in terms of work-life balance. These feelings were often centred around how work was organised and rostering practices, for example on going calls and tactics applied to fill last minute shifts which can be linked to intensification of work. These practices reflected a workplace culture with no regard towards work-life balance and little onus to change, as the current work is being covered by the existing workforce.

If it ain't broke why fix it? It's working. It's working. It's working. Someone will always cover, it's working. (Cathy)

The above quote illustrates discontent with managements attitude to covering shifts with a lack of regard for the impact on support workers.

The flow diagram Figure 3 encapsulates the codes and theme stemming from qualitative responses within the 'Work-Life Balance' component of WRQoL. It offers a succinct illustration of how the multiple codes related to the implementation of the Act drive or effect homecare support workers work-life balance.

Figure 3: The Effect of Pay Equity on Work-Life Balance



Note. This diagram illustrates the relationship of organisation and intensity of work in relation to the three above-mentioned codes.(Very Limited Flexibility by Provider, Hours of Work Suit Personal Circumstances and Workplace Culture & Impact on Support Workers)

Career and Job Satisfaction

Organisation of Work Affecting Job Satisfaction

Participants related organisational factors of work to their job satisfaction. These factors encompassed how their work was organised and included allocation of clients and frequent calls for fitting more client visits into work schedules particularly during weekends, too many rostered hours of work, decreased ability to have time off work linked to staff shortages. A lack of coordination was often mentioned especially for the provider who centralised client services. Participants also declared changes in working tasks (home management tasks included into personal care tasks) and cutbacks in time for tasks particularly related in providing care to clients, following the implementation of the Act. Organisation and communication of work and how this is impacting on clients is also an aspect bearing upon support worker job satisfaction, affecting support worker moral as clients deserve better service. All of the above factors impacting on job enjoyment and satisfaction and are mirrored in the overall work-related quality of life code.

*Coordinating I'm not happy with. The job itself, what I actually do, I enjoy.
(Sharon)*

*I think the DHB are in the crap really, with their funding and stuff! And, of course, who do they hit first, is they hit the bottom lot ... which seems to be our lot in the community. They're trying to make cutbacks ... so you know, a lot of those cutbacks probably were starting to happen from before the restructure ... with the times allocated for clients and stuff like that. Because at one stage, they wanted to cut all household management, just across the board. The [DHB assessor organization] was going to do that....then [an advocacy federation] got involved and said, 'No way.' That was a few years back. And that was the DHB in their funding. So now they're just doing it slowly. So that when the [assessor organization] do a review, they'll cut back their times then. They're doing it slowly now, instead of across the board.
(Sarah)*

Support Worker Appreciation, Job Satisfaction and Pay Equity

Four of the study participants spoke of receiving some acknowledgement and feedback regarding their work from management, however, these responses were often very limited, for example, a thank you in the Christmas newsletter. Participants reported their recognition is largely attained from clients and their families. The quotes below present the range of responses to the question "How does your manager acknowledge you have done a good job?"

[The manager] appreciates you. She does tell you that you're valued. I actually think she sent me through a thing in my conversation stuff the other day, saying how happy she was with the work that I've done, which does make you feel better. At least they noticed that you're doing stuff. (Lorraine)

Yeah, I don't actually hear a lot from the company unless they want something. I get more my feedback from my clients and the family of the clients, and my other support workers. (Helen)

Never. You know, when I know, clients have told the manager before they've been very thankful and like their caregiver. Never is that information handled on to us. And very, very rarely, if ever, do they ever tell you you've done a good job. And I know that sometimes they have handed that on to the manager, and it's never handed on. Because they'll tell you, because the clients will tell you if they've had a visit from the manager, and what they've said. So, you know, it's not handed on. It's nice to get a compliment once in a while when you know that they have handled it on, and then the powers to be won't tell you that, you sort of feel a bit gutted really! (Sarah)

Participants who spoke of not receiving recognition and appreciation from management felt a lack of respect and sense of being undervalued.

No appreciation whatsoever. And in fact, they've got a bit better now taking our names. But you know, you would ring [this region], and they didn't want to know what your name was. They want to know what your number was. (Molly)

Being paid on the higher rate, doesn't mean they value me! It just means I'm paid on the higher rate. And that's all there is to it. (Jill).

Participant responses reflected that management had a lack of regard and recognition of the importance of their role, and deficient sincerity and consideration of their views and feedback regarding care to clients.

Do you know, I sent 100 complaints to that person in the office. And all I got at the end of that was being told of for being rude ... Cos they got ruder and ruder. I got told off for being rude, but they don't answer 100 complaints. And in the end I got told, "Oh sorry, they went to my junk file." I mean, now ... that's our leadership! They are all legit ones, clients missing cares, you know. (Sarah)

The above quotes provide clear evidence of insufficient recognition towards the value of support workers role. These quotes demonstrate the depth of disappointment and discontent felt by these support workers which is mirrored in their job satisfaction, impacting on their quality of life at work and views towards pay equity.

Within the job and career satisfaction section of the interview two support workers reported being unsatisfied with their wages, with one participant comparing her wage with the minimum wage, and the other participant to the living wage.

And even now, the pay is terrible. Because the other pays come up. So, we [are] only what, \$1 more than the living wage and all that. So, it's a bit of a joke now! I mean, it was great to start with, because we're to go from \$14 to \$21 [which] was pretty cool. And then we've just had 50 cent increments each year, we just went up to \$25. I've just gone up to \$25. (Molly)

Only one support worker reported being happy with her pay. Another felt the pay did not fit the value of the work. Lorraine felt the pay was reasonable, but the pay increments are insufficient:

I think my issue with the pay is, we've got the pay equity. We've got went from quite a low amount to a decent amount. But since then, it hasn't gone in comparatively with how much you're paying for groceries, your petrol, everything else has gone up astronomically. But our pay still hasn't gone any further. You've got nothing, but that increment. There's been no, okay, we'll give everyone an extra 50 cents an hour, or I think one pay rise, we've got something like 15 cents an hour, and it's like that's just ridiculous. (Lorraine)

Lastly, Tanya commented,

Before we had the pay equity, after my appraisals I usually got a pay increase. (Tanya)

Tanya illustrated disappointment that this stopped after the Pay Equity Act came in with only the Act increments and uncertainty for future pay rates.

The above quotes illustrate disappointment regarding how the current wages have been implemented. The value of pay equity has been watered down as the minimum wage and living wages have gone up, living costs have risen and increments in support worker wages are viewed as slight, leaving support working feeling like their back to a similar place to before pay equity, and feeling undervalued.

Workplace Culture affecting Job Satisfaction

Half of the participants provided comments related to how they are treated by the providers, which is reflective of the workplace culture and impacted upon by the organisation of work and lack of communication from management. The workplace culture affecting support workers' job satisfaction and how clients are treated. When speaking about one of her employment organisations Molly said:

I'd just love to know how you could actually. Take a company who thinks that they're dealing with a piece of furniture, to realize that they're actually dealing with people with feelings and, and not just the workers, but also the clients. (Molly)

The quote illustrates the lack of human feeling to how work is organised and how

this is affecting support workers and impacting on client services. Jill also provided similar information regarding the effect of workplace culture and client care.

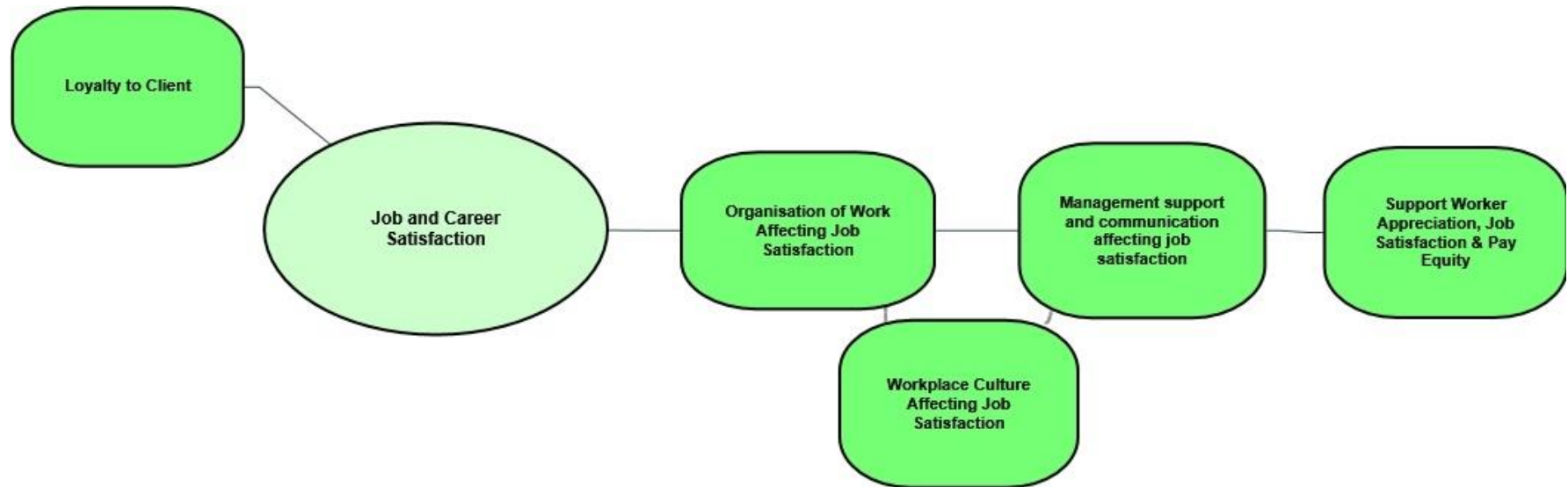
Yeah, organized ... organizational rules. And that's something else that I have a problem. Yeah, you know, they talk about our rights and responsibilities. And, you know, our clients have the right to know who's coming, when they are coming. And we get it jammed every way, up us, and down us, when we go to training sessions. And yet ... the biggest offender of not is the office. What I mean is, how can you have any faith in them? If they're not even going to follow what they say. (Jill)

Molly mentioned the following when talking about her other employment organisation in regard to pay equity and workplace culture and how support workers are treated.

They had the audacity [to say] at one of the meetings that we earned enough to buy our own gloves. I was shocked. But it didn't worry me, for the fact that I get gloves from [another employer]. But all the girls that only work for them I was absolutely horrified that they would say that to them. I was honestly horrified. That was only a few weeks ago. (Molly)

The flow diagram Figure 4 encapsulates the codes and themes stemming from qualitative responses within the 'Job and career Satisfaction' component of WRQoL. It offers a succinct illustration of how the multiple codes related to the implementation of the Act and how they impact on homecare support workers job and career satisfaction.

Figure 4: The Effect of Pay Equity on Job and Career Satisfaction



Note. The above organisation of work affecting job satisfaction and code support worker appreciation, job and satisfaction and pay equity are on either side of the management support affecting job satisfaction.

Overall Work-related Quality of Life

In addition to exploring the four key components of WRQoL separately, this study also asked participants to sum up and provide an overall satisfaction rating of their WRQoL, along with reasons for their conclusion. Seven out of the eight participants provided a satisfaction rating or indication of their overall WRQoL. These responses spanned the entire scale, from totally dissatisfied up to totally satisfied.

Two participants reporting being totally dissatisfied, two indicating in the middle, another two participants stated satisfied and only one participant acknowledged being totally satisfied with her quality of life at work by incorporating a very holistic perspective. The remaining one participant answered this question wholeheartedly from the perspective of how she felt rather than from the scale and stated:

The pay is rubbish. You feel completely undervalued for what you do now that minimum wage is \$20 an hour. This is a job that I have been doing for over 10 years. And you can have a new [staff] book in, and they are on \$20, straight off. You know, I've had to work to get to where I am. And you just don't feel anything. Like I've been with a company for years. I was expecting a long-term service at four years, because that's what they advertised. It hasn't happened. (Cathy)

Reasons behind satisfaction ratings expressed by participants were fulfilment from looking after clients often contrasted with a lack of support and communication from management. Participants stated again absence of acknowledgement, feelings of isolation, staff shortages, a lack of practical training and being too tired and run-down from work.

At the moment, it's totally dissatisfied. But up until sort of a few years ago, I was probably fairly satisfied with my job you know ... and, and that's changed from a few years ago. Well, we had a great company that we were proud to work for, a few years back. But of course, now with the changes, we don't even want to work for this company anymore. But it's not easy to get jobs. Like put the change into the too hard basket. And we love our clients and you sort of feel a bit of dedicated to your clients that you have really! (Sarah)

I'm totally dissatisfied ... I am mentally, physically and emotionally burnt out from giving ... You get 'thank yous' from your clients and stuff, you know, the people that you work with. They are wonderful, wonderful people. But the office you get no, no pat on the back. No. They don't seem to appreciate us. There's no acknowledgement of anything. And you feel like you are on your own. (Jill)

In the middle. I'm satisfied with the clients that I do. But I'm not satisfied with the communication, being able to get hold of people when you need them. (Molly)

I'm sort of halfway between neutral and satisfied. I get a lot of pleasure out of working with the [clients]. I get satisfaction out of doing the stuff that I do. But on the flip side, I'm tired, and feel like I'm getting rundown. (Lorraine)

Interpretation of Results

From this deductive approach to thematic analysis under the four set components the researcher identified five key-themes: organisation and intensity of work working conditions; organisation and intensity of work-W-LB; stress related to organisation and intensity of work; co-worker working relations CWD, and; management support and communication affecting job satisfaction. These key-themes (and their relationship with other supporting themes) and codes revealed the story within this data set to answer the research question. This researcher found *the implementation of the Care and Support Worker (Pay Equity) Settlement Act 2017 has adversely affected the Work-related Quality of Life for home and community support workers in the Manawātū*. For the study participants the Act's implementation is associated with changes in organisational work factors resulting in work intensification, undesirable collegial working relations, and negatively perceived experiences of decreased managerial support and communication, all acting to negatively impact on these support workers' work-related quality of life. Implementation of the wage rates within this Act are linked to decreased allocated time for client care visits which relates to an increased occurrence in 30 and 15 minute client visits, confirming work intensification. The interpretation of the data leading to this conclusion is presented below.

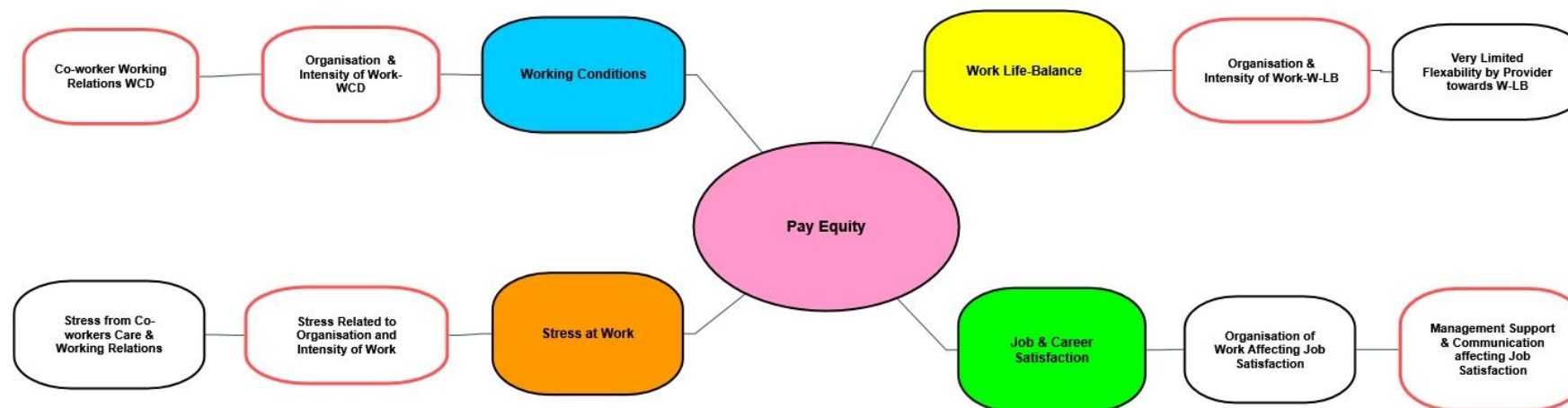
The frequency of organisational and intensity of work factors is presented in the key-themes organisation intensity of work-WCD, and organisation and intensity of work-W-LB occurring in the set components of working conditions and work-life balance respectively. Secondly, in a similar manner, the organisation and intensity of work was also found to be linked to stress for these homecare support workers illustrated in the stress related to organisation and intensity of work key-theme.

The association of co-worker working relations as a factor impacting on these support workers' quality of life at work is apparent in the working condition and stress at work components. This is demonstrated through the key-theme co-worker working relations WCD and stress from co-worker and working relations connected with key-themes addressing organisation and intensity of work.

Lastly, across all of the four set components, factors of limited communication and support from management were found to be evident. This is illustrated in the work-life balance component with the very limited flexibility of provider towards work-life balance (supporting theme). The prevalence of these factors is highlighted in the key-theme management support and communication affecting job satisfaction,

which is also directly associated with organisation of work affecting job satisfaction, in the job and career satisfaction component. Descriptions of the five key-themes and the other three mentioned themes supporting their relationships in telling the story of this data set are presented in the discussion section. The five key-themes and three supporting themes are illustrated in Figure 5 *The Relationship between Pay Equity and Quality of Life*.

Figure 5: The Relationship Between Pay Equity and Work-Related Quality of Life



Note. This flow diagram presents the 4 set components from the Van Laar et al (2007) WRQoL with the identified key-themes highlighted with a red boarder and associated supporting themes. It offers a succinct illustration of how this study's homecare support worker participants WRQoL has been adversely affected by the implementation of the Pay Equity Act.

Chapter 5 Discussion

This project sought to determine whether the implementation of the Pay Equity Settlement Act 2017 (the Act) affected the work-related quality of life of kaiawhina support workers in a small region of Aotearoa New Zealand. Specifically, it utilised Van Laar et al.'s (2007) work-related quality of life (WRQoL) model as a framework from which to explore the impact of the Act across four components (working conditions, stress at work, work-life balance and job and career satisfaction) in an attempt to answer the following question:

- *How has the Care and Support Worker (Pay Equity) Settlement Act 2017 affected the work-related quality of life for Home and Community Support Workers in the Manawatū area?*

This chapter explores both the main research question and provides a more in-depth discussion regarding the main findings of the study. This is followed by an overview of the study's limitations, along with implications for future research.

Working Conditions: Factors Affecting Care and Support Workers

Organisation and Intensity of Work- Working Conditions

The first component of WRQoL that this study explored was the impact of the Act on the working conditions of support workers. This project found a positive correlation between the Act and its impact on the working conditions of support workers, and the key-theme reflecting participants impressions of the impact has been identified as 'organisation and intensification of work'. Support workers repeatedly mentioned important changes in their organisation of work resulting from the implementation of the Act. Further, they highlighted that these changes often resulted in significant work intensification in their roles. Modifications in organisational work factors came from changes in rostering practices, involving a lack of organisation and decreased number of staff allocated to shifts, frequent schedule changes, and cutbacks in time allocated for client care. Consequences reported from these changes were increasing requests to complete relief work, increasing client numbers allocated to work schedules, higher number of client visits, an increase in undesirable and unsafe working conditions (e.g., two-person care situations with only one support worker rostered on), and a decreased of time assigned to perform client care alongside additional tasks. All of which resulted in additional work intensification

factors.

Participants in this study highlighted an overall increase in the occurrence of shorter client visits of 15 and 30 minute duration, with the prior becoming particularly more common after the Act's implementation. Cutbacks in allocation of time for client care was directly related to the Act's implementation and appeared as a direct response to the increase in support worker pay rates. This is a significant study finding.

Although these support workers are being paid a higher wage rate, they are expected to perform tasks within shorter client visit times, which has become a critical factor in completing their work in both a timely and successful manner. More importantly, it could be argued that this creates an increasingly unsafe working environment as these changes have the potential to make a significant impact on the fundamental nature of support workers' role of assisting and caring for clients. For instance, the changes noted by participants highlight limited time frames for client visits, which in turn influence their overall provision of care. With particular concern for impacts on how care and support is provided, the way care tasks are performed, the potential for mistakes, errors, and accidents to occur. Also, reduced times for providing care tasks has created circumstances in which support workers feel rushed with clients, to the extent that it generates situations in which care tasks are not properly or safely performed (Albert, 2017; NICE Guidelines, 2015; Right at Home UK, 2019).

The findings of this study concerning the intensification of working conditions supports the results highlighted in Douglas and Ravenswood's (2019) report. Specifically, their evaluation of the impact of the Act on care and support workers in Aotearoa New Zealand also found that an increase in work expectations and duties was clearly an unintended outcome of the Act. The reorganization and intensification of work subsequent to the implementation of the Act also supports similar findings from reviews of structural reforms internationally. For example, Nordic studies from the NORDCARE survey on elder care welfare services (completed in 2005 and repeated in 2015) reported structural reform to the care and support sector was followed by a deterioration of working conditions for carers. The factors contributing to this work intensification included reduced time schedules for work, increased workloads of many care tasks and regular understaffing (Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012). For example, Stranz and Szebehely (2018) identified that subsequent to health sector reforms, over 50% of care workers reported spending 15 minutes or less at each of their home visits per day. Hence, this 15-minute timeframe is directly comparable to the 15 and 30

minute client visits mentioned by participants in this study. Notably, Aotearoa New Zealand seems to be aligning with international patterns of highly limited time frames for client visits in home and community sectors, with the resulting effect of work intensification for care and support workforces.

With this in mind, it is important to consider issues related to increasingly limited timeframes for workers to perform care tasks. For instance, the shrinking of set times for tasks has many implications, including impacts on a care worker's ability to build rapport and level of trust with their clients. Here, care work typically involves assisting clients with very personal care tasks like personal grooming and hygiene activities. As such, high levels of trust and rapport are essential in a care worker's daily practice. Other issues stemming from tighter timeframes may also include the increased potential for accidents to occur, as well as making the work more physically arduous, resulting in increased stress for both the support worker and their clients (Stranz & Szebehely, 2018; Trydegård, 2012). Overall, the above undesirable circumstances act to impact on support workers safety and their job satisfaction, as well as the safety and rights of clients to receive adequate care (Albert, 2017; Health and Disability Commissioner, 1996; Right at Home UK, 2019).

This current researcher's study reports on findings from support workers from four different homecare providers and therefore, can be seen to indicate that work re-organisation, apparent intensification and associated limited time frames for providing care and their implications could be an issue requiring more regulation, which is also supported by evidence from Nordic countries and Douglas and Ravenswood (2019). Although there are variable requirements for client services and homecare providers are audited [e.g., Home and Community Sector Standard NZS 8158:2012 (MoH, 2017a)], this researcher's study points out that regulation⁷ addressing time frames for provision of care maybe required, along with a suggested nationally applied guidelines of practice for support workers specific to the homecare sector. However, taking into account this researcher's knowledge and experience of working in the homecare sector, in conjunction with consultation with a representative of Kaiawhina for the Workforce in Action, it is evident that current guidelines for support worker practice have not been developed. As a consequence,

⁷ This researcher acknowledges that revision of sector standards has occurred and that the NgāPaerena Health and Disability Service Standard NZS8134:2021 comes into effect 28th Feb 2022 (Ministry of Health, 2021).

measures that would otherwise protect care and support workers from negative outcomes are limited.

Co-worker Working Relations

The second key aspect underpinning participants' perceptions of the Act's impact on their working conditions was the effect it was having on their relationships with other co-workers. In short, this study found an association between the implementation of the Act and an increased occurrence of negative collegial working relations.

Although a few support workers spoke of some support from colleagues, the majority relayed numerous accounts of situations involving negative working relations, which mainly concerned the organisation of work and how it impacted on their working conditions. More importantly, these adverse situations were perceived to be worse following the implementation of the Act. They included poor work ethic or work practice from other support workers, such as cancelling shifts, not turning up for shifts, providing poor care (missing care tasks such as clients medications), untidy personal presentation at work, and spiteful behaviours. Consequently, these situations affected the scheduling of work and impacted on the study participants' tasks (i.e., second support worker not turning up for hoisting a client), which in turn, affected their provision of client care. Negative impacts from collegial working relations are therefore a significant finding and emphasise an additional unintended adverse consequence of the Act's implementation.

Similarly, Douglas and Ravenswood (2019) also found support and care workers experienced an impact of the Act on working relations between colleagues. For example, they reported circumstances in which two support workers were rostered on for two-person care situations, yet sometimes these new workers lacked training or were less experienced. This resulted in circumstances impacting on the more experienced carer (level 3 or 4) due to the other carer's (level 1 or 2) lesser knowledge or lack of training (e.g., not trained in the procedure for a two person hoisting situation). Although Douglas and Ravenswood's (2019) study outcome illustrates collegial working relations from a more vertical perspective, their findings, along with the current project's findings, demonstrate how sector legislation changes have had significant implications for collegial working relations within the homecare sector. Hence, it is important to explore this further within the Aotearoa New Zealand context, particularly due to the importance currently being placed on future workforce development, as well as the accelerated growth across the home and community sector (Home and Community Health Association & Lattice

Consulting, 2018). Furthermore, International literature addressing collegial working relations regarding work organisation in relation to fiscal measures appears sparse for the care and support workforce. With literature focusing primarily on the impacts of fiscal constraints on nurse and nurse management, and how it affects client care, rather than the effects of fiscal measures on care and support staff (Adams-Best, 2001; Aronson & Sinding, 2000; Ceci, 2006).

Work-Life Balance: Factors Affecting Care and Support Workers

Organisation and Intensity of Work for Work-Life Balance

Another component of WRQoL that this study explored was the impact of the Act on the work-life balance of support workers. The results of this study indicate that the implementation of the Act had clear and significant impacts on the work-life balance of support workers. Similar to the 'working conditions' component, the key-theme 'organisation and intensification of work' dominated participants' impressions of the impact of the Act on their work-life balance. This was especially notable when participants talked about their difficulty to attain any work-life balance when it was being undermined by the reorganisation of working conditions and the subsequent intensification of their roles. Also, participants identified an inability to plan for safe work-life balance post implementation of the Act given a consistent lack of coordination and rostering practises, in conjunction with an apparent lack of available staff to fill shifts. This is particularly apparent for the provider who centralised the coordination of client services, leaving no local coordinators with options for flexibility. Here, the reported lack of available staff placed additional pressure on these support workers to pick up more shifts, or work longer shifts, which in turn affected their ability to take time off work; hence, greatly impacting on their work-life balance overall. Additionally, almost all participants indicated that their work-life balance was undermined due to how their work was being organised (e.g., some providers scheduling work 12 days on and two days off, coupled with having to work through weekends and the reportedly unfair allocation of shifts), which was reported to be worse following the Acts implementation. Therefore, the enactment of this Act is related to causing adverse consequences in relation to these support workers to strive for work-life balance.

The impact of the Act on the work-life balance of support workers in this study mirrors findings from Douglas and Ravenswood (2019), who highlighted that the

complexity of applying regulations⁸ resulted in an overly complicated rostering system for homecare workers' hours. As such, organisational work factors relating to highly changeable shifts and a lack of control over working hours had an adverse impact on care and support workers affecting their work-life balance. Similarities can be drawn between the Douglas and Ravenswood (2019) study and this researcher's study, with particular reference to provider's coordination and rostering practices, which both studies viewed as being an integral aspect that affected and impacted on their study participants' ability to establish and maintain work-life balance.

The findings of the current study regarding the availability of work from more qualified and experienced staff contrasts somewhat with the findings highlighted by Douglas and Ravenswood (2019). For example, in relation to working hours, Douglas and Ravenswood found that homecare care and support workers who were more qualified and/or experienced (Level 3 and 4) were particularly affected by a decrease in hours of employment one year after implementation of the Act. The researchers also mentioned there were cost implications for homecare providers in retaining their level 3 and 4 support workers, due to providers usually allocating work based on client need and funding. Therefore, funding issues (funded fitting the level of care being provided and perceived lack of funding) resulted in a greater requirement for less qualified or experienced workers (e.g., those with no qualification or up to NZQA level 2 training) across the homecare sector. In contrast, the findings from this current study showed level 3 and 4 support worker participants had an abundance of hours available, and that participants were taking on extra shifts, relief work and working extended hours, largely due to the lack of available staff. Furthermore, this on-going demand for their services often caused an increase in levels of stress, tiredness, and mental exhaustion for these support worker participants. However, the contrasting findings between this study and that of Douglas and Ravenswood (2019) could be interpreted as a consequence of time and staff turnover. For example, subsequent to the initial findings reported by Douglas and Ravenswood of a downturn in available work, a number of Level 3 and 4 support workers may have left the industry resulting in a staff shortage, particularly of experienced support workers. Consequently, the results of this study may reflect how providers are allocating work based on an employee's experience, with fewer support workers still on staff.

⁸ Specifically, the (a) Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016, the (b) Guaranteed Hours Funding Framework, and the Pay Equity Act.

The above information regarding large quantities of working hours provides evidence of organisational work factors and the consequential lack of available staff resulting in less prospects for the participants of this study to achieve work-life balance. More importantly, evidence such as this emphasises the challenges inherent in the implementation of the Act, which has affected the organisation and intensity of work, also resulted in the worsening of working conditions for these support workers. Further literature mentions implications stemming from the deteriorating working conditions which can impact on work-life balance. These authors refer to increased stress, decreased job satisfaction and intention to leave employment for care and support staff, and recruitment issues, staff turnover and labour shortages for employers (Ravalier et al., 2019; Rubery et al., 2015; Trydegård, 2012; Weale et al., 2019).

Very Limited Flexibility by Provider Towards Work-Life Balance

The effects of the Act on the work-life balance of support workers appears to have caused further impacts on their already restricted flexibility of organisations towards providing work-life balance. This also illustrates the providers' varying approaches for organising support workers' job tasks, which in turn affects workers ability to reach for work-life balance. The support worker participants strongly felt that their employers did not actively promote flexible working hours, or provide a means for enabling adequate facilities and flexibility for them to fit work in and around their personal and family life. This was mainly attributed to coordination and rostering practices, which involved: being called up for relief work often (particularly on weekends), tactics applied to encourage support workers to take on more shifts or longer shifts, and a lack of support from management around attending personal appointments (including time off to attend funerals). Only one participant disclosed some support from management regarding time away from work to attend to family commitments, however, this was usually only for short periods of time (i.e. 30-40 minutes). Overall, discussions with participants highlighted how staff shortages were commonly associated with a lack of flexibility from management towards their employment hours. Additionally, participants felt there was no regard for their welfare in relation to work life balance, which was considered to be worse since the implementation of the Act.

In relation to work-life balance, the majority of study participants disclosed that their hours did not suit their personal circumstances. As a result, participants tended to organise personal appointments around their working hours in an effort to meet their

personal needs. Yet, two support worker participants mentioned dropping later evening work shifts so they could spend more time with their families. This was possibly due to the perception of having more choice regarding their working hours, resulting from being paid at a higher rate following the Act's implementation. Similarly, the study by Douglas and Ravenswood (2019) found that some residential care and support workers were able to make more flexible decisions around their working hours and choose not to work extra shifts, long hours, or weekends. These choices were possibly due to being paid at a higher rate after the Act's implementation, which enabled them to spend more time with family and in pursuit of other personal activities.

It is important to note that there is limited literature exploring the work-life balance of the care and support workforce on a global scale. However, the existing literature suggests that the structure of care and support industries and organisation of work factors (e.g. the rostering of working hours) has had an effect on care and support workers' ability to balance their working lives with their personal lives (Ravalier et al., 2019; Ravenswood & Harris, 2016; Rubery et al., 2015). For instance, international research highlights that key employment conditions affect the work-life balance of support workers, including the outsourcing of government contracts to the private sector organizations, efficiency cost cutting measures, the negative power relations between workers and providers, and the policies and recruitment practices of sector organizations (Ravalier et al., 2019; Rubery et al., 2015 Rubery & Urwin, 2011). One common arguments across these studies relates to how the organisation of work, including the typical *hourglass pattern* (i.e., with high demands of morning and evening work) and expected work during unsociable hours (i.e., requirements for weekend work) limits the potential to attain work-life balance for support workers (Douglas & Ravenswood, 2019; Rubery et al., 2015).

While these past studies have been beneficial in highlighting various factors and concerns within the health sector, this current study offers a significant contribution to literature by providing more nuanced and contextualised information relating to support workers' work-life balance. For example, detailed information has been sourced on how organisational work factors are currently impacting on these support workers participants work-life balance regarding fiscal measures. Not only does this data add to the limited pool of information concerning work-life balance issues for care and support workforces, it also provides additional information about organisational work factors and how intensification of work is impacting on these

workers' ability to attain any work-life balance, as well as the implications it has on affecting work-related quality of life.

Stress at Work: Factors Affecting Care and Support Workers

Stress Related to Organisation and Intensity of Work

Participants identified that changes to work organization and work intensification (as a result of the Act) had significantly increased the level of stress they experienced in their care and support roles. Their increased stress was primarily linked to issues of rostering and coordination practices for scheduled work, as well as a shortage of available staff. Participants reported regular pressure from last minute calls for extra shifts, and stress from unfair rostering, involving the allocation of shifts, long working periods, and limited days off work. Pertinent issues stemming from rostering practices were identified as a lack of coordination with not enough staff on shifts, higher workloads, and role ambiguity, all of which impacted on client care. Role ambiguity was reported as being particularly apparent in relation to household management tasks, in conjunction with increased personal care tasks. Changes involving decreasing home management tasks and increasing personal care tasks created pressure around completing these duties in the allocated time for client care, resulting in intensified working conditions. Stress related to work intensification was also experienced with regard to forcing a greater number of tasks into pre-set/allocated times, as well as the overall increased occurrence of 15-minute scheduled client visits. This study clearly highlights that the Act has resulted in changes to organisational work factors that intensify work requirements and consequently impact upon the tasks performed by support workers and the level of care provided.

Douglas and Ravenswood's (2019) study found organisational changes from the Act's implementation resulted in care and support workers experiencing stress from increased work demands, workload expectations and role ambiguity. Participant insights in this study support those findings. However, this study expands on the research by Douglas and Ravenswood. Specifically, by using the Van Laar et al. (2007) model, the research conducted provides a more nuanced examination of the data, with increased understanding of the intensification of work in multiple areas (e.g., direct care work; rostering hours; client care timing; tasks required) in driving heightened experiences of work-related stress for support workers.

Czuba et al. (2019) and George et al. (2017) state there is sparse published

literature in Aotearoa New Zealand on workplace stress and its resulting effects for support workers. Furthermore, there appears to be limited research pertaining to support workers' experiences of stress at work in conjunction with organisational work factors. However, information was sourced from George et al.'s (2017) investigation of aged care support workers' perceptions of their health in relation to job influences in Otago, New Zealand. Their study showed that workplace stress occurred from a lack of organisation by management for scheduling work. Also, community support workers indicated they had insufficient time allocation for client cares and last-minute changes to scheduled work. In short, George et al. (2017) findings are analogous with this researcher's current results, indicating that stress in relation to organisational work factors is an ongoing issue which requires more attention.

The findings in this researcher's study relating work stress to work intensification subsequent to the implementation of the Act mirror research on the support workforce overseas. In particular, recent international literature has described the stress experienced by care and support workers as primarily reflecting issues of work intensification; including high job demands, growing work requirements, large caseloads, increasing tasks required, and limited time frames for work completion (Jetha et al., 2017; Strandell, 2020; Stranz & Szebehely, 2018; Trydegård, 2012). For example, Stranz and Szebehely (2018) argue that reduced public expenditure in Sweden, along with increased care needs have resulted in more restrictive measures around eligibility of services. The consequence of these changes have been evident in the re-organisation of work tasks with cutbacks in domestic home management tasks and an increased focus on providing more personal care tasks. The findings in the current study mirror those of Stranz and Szebehely (2018) as changes in organising home management tasks in relation to personal care tasks - likely the result of funding cutbacks - has intensified support work.

Stress From Co-Worker Working Relations

The results of this study highlighted that implementation of the Act has increased the stress of support workers not simply through work intensification but also via a second channel; co-worker relationships. For example, it appears that, similar to the effect described under the 'working conditions' component, the organisation and intensity of work have clearly increased worker distress related to co-worker working relations. Several participants identified having experienced increased stress from working with co-workers who portrayed an unprofessional attitude towards their

work and other aspects required in their role as a support worker. This included highly variable availability for shifts, not fulfilling required rostered shifts, inadequately performing care tasks resulting in additional work for their colleagues (i.e., not making clients bed properly or at all), performing care tasks swiftly and looking to leave the client homecare visit as quickly as possible, as well as petty and unpleasant behaviour toward communication of responsibilities with other co-workers. One study participant, disclosed co-worker bullying behaviour and competition for higher paying shifts which was stated to be more apparent after the Act came into effect. This caused additional frustration and increased pressure on support workers, which in turn had a negative impact on collegial working relations as a whole.

Douglas and Ravenswood (2019) mention that one intention of the Act was to bring new people into the care and support industry by establishing higher wage rates, as well as enabling educational development opportunities. Their findings one year after implementation showed that the Act had a minimal effect. For example, managers in the disability sector saw a slight increase in higher calibre applicants applying to enter the workforce. Yet, Douglas and Ravenswood pointed out that recruitment practises for care and support workers were being influenced by fiscal constraints following the Acts implementation and that some managers indicated new applicants were motivated by pay, rather than desire to work within the role of homecare support worker.

In contrast, participants in the current study have provided feedback on the Act at least 2 years after Douglas and Ravenswood's study, and it appears that workforce related issues have changed somewhat. In line with Douglas and Ravenswood's prediction, participants in this study viewed the Act as potentially beneficial, in that it has brought new support workers into the industry. However, participants were also very clear that the Act has resulted in significantly negative outcomes regarding this cohort. More specifically, despite the benefit of bringing new people into the industry, the incentive of the set wage rates, coupled with work organisation issues, a lack of practical training and poor support from management, has contributed to poor work ethic in this new cohort of workers. Consequently, this context has increased stress for collegial working relations, with a follow-on effect of strained client care.

The contrasting findings in this study and Douglas and Ravenswood's (2019) (workforce expansion being realised but at a cost to the quality of the new workforce

recruits), echoes that of international research findings. For example, Ravalier et al. (2018) found that domiciliary carers in the United Kingdom (UK) were being employed, however, they found these staff to be unsuitable for the job and as a result, did not provide satisfactory support with other carers that worked alongside. Also, some employees were recruited at short notice, without having sufficient understanding of what the role entailed, and recruitment practices were influenced by fiscal constraints.

This researcher's current study adds new important information about the effects of the Act's implementation as it illustrates an apparent increased stress for some support worker collegial working relations. More importantly, as data has been captured approximately four years post implementation, it adds clarity to the overall picture of the effect of the higher wage rates in regard to new employees entering the care and support workforce, as well as clearer indications pertaining to unfortunate adverse effects.

Job Satisfaction: Factors Affecting Care and Support Workers

The fourth and last component of WRQoL explored in this study was the impact of the Act on job and career satisfaction. The results of this study indicated that implementation of the Act has clearly undermined job satisfaction of care and support workers in Aotearoa New Zealand. Specifically, participants perceived that the Act had resulted in a context of work organisation, mismanagement (or poor management) and poor communication that has led to worsening satisfaction in their roles. This association illustrates the important effect that management support and communication have for support workers job satisfaction, which in turn has a bearing on organisation of work for these support worker participants.

Organisation of Work Affecting Job Satisfaction

Participants in this study discussed how their current work is being organised and how it impacts on their job satisfaction. A key concern expressed by almost all participants was variable coordination practices by management, which affected how their work is organised and scheduled. For instance, three participants worked for a provider who centralised their client services (i.e., they stopped regional coordination and instead managed the national workforce from a central site), yet they experienced inconsistent coordination and inadequate communication regarding the organisation of their work, which in turn had caused growing disappointment and dissatisfaction in their work. Additionally, organisational factors

affecting support worker participants work and impacting on their job satisfaction included how clients were allocated (for example, distance travelled between clients), fitting more client visits into work schedules, regular calls for additional work (especially during weekends), too many rostered hours of work and decreased ability to have time off work linked to lack of available staff.

Participants noted one major aspect that affected their job satisfaction was cutbacks in time for client care tasks, which were clearly associated with the implementation of the Act. Here, reduced time for client visits resulted in several participants feeling rushed while completing set care tasks, (e.g., showering clients and putting pressure stockings on). Some participants spoke of changes in tasks to be completed (such as home management tasks included into personal care tasks), which was thought to be related to decreased time for client visits and funding issues. These changes contributed to role ambiguity, frustration, and time constraints for completing job tasks, and negatively impacted on job enjoyment. Some participants also mentioned how the organisation of work impacted on their clients, which affected their work morale. These support workers stressed that clients deserved better service and showed concern about how this undermined their own sense of satisfaction in their jobs.

In their previous analysis of the impact of the Act in Aotearoa New Zealand on homecare care and support workers, Douglas and Ravenswood (2019) do not directly comment on job satisfaction. However, the authors mentioned that changes in rostering practice (from applying regulations including the Act, mentioned above) had affected homecare workers. Specifically, after implementation of the Act there was a deterioration in workplace culture and increased bullying which resulted in unpleasant workplaces greatly impacting workers sense of fulfilment in their work.

Also, it is important to note that Ravenswood et al. (2021) in their 2019 survey report, provide partial information regarding elements of work organisation for care and support workers. For example, these authors addressed whether respondents (care and support workers, nurses and, managers) felt “they were able to spend enough time with each client” (p.32.). The responses from care and support workers varied across sectors, particularly between mental health and addiction and residential aged care sectors, but overall, the respondents indicated they were likely to have adequate time with clients. The authors mention that a possible reason attributing to care and support workers perception of time with clients may be linked to their roles frequently involving more direct care time with clients. However, this

report did not provide specific information pertaining to the percentage of homecare support workers in relation to their agreeing or disagreeing with the above question. In other words, the formation of the question is indicative of a recent concern regarding sufficient time with clients and that further enquiry and more nuanced information is required.

Furthermore, the above findings of this researcher's current study support those of limited international research. For instance, a study by Squires et al. (2015) highlighted workload and facility resources as being important organisational factors in nonprofessional nursing workers' job satisfaction. In their systematic review of international literature from nine databases, Squires et al. (2015) identified that satisfaction with job bonus and job performance were not significant factors, whereas working conditions, organising amount of work and scheduling of work were and greatly impacted on satisfaction at work.

Also, of interest is information from Kim et al.'s (2014) study, which addressed organisational structures and human resource practices (including communication) related to direct care workers in the United States. These researchers found that a decentralized workplace that supports a less procedural and structured organisational approach, alongside developed communication processes, resulted in their carer workers experiencing higher levels of job satisfaction. Here, Kim et al.'s (2014) study offers an interesting contrast in which to compare with this researcher's study, as centralization of client services and inadequately perceived communication processors were found to significantly impacted on several participants' experiences of job satisfaction, due to ineffective organisation work factors.

Findings related to job satisfaction from the current study provides recent rich contextual data and further information on the effects of organisational work factors and corresponding work intensification resulting from the Act's implementation. This information also provides greater awareness of present working conditions, as well as illustrating the important role that organisational factors play in affecting job satisfaction. Hence, this finding emphasises the previously suggested requirement of further inquiry and monitoring organisation of work and shrinking time frames for providing care. In addition, these factors are important in consideration of improving working conditions and enabling a sustainable future care and support worker workforce.

Management Support and Communication Affecting Job Satisfaction

Participants in this study identified that their job satisfaction was undermined by a lack of leadership support and communication regarding follow up and feedback when providing client care. The overall lack of support left participants feeling isolated and vulnerable. For example, several participants frequently reported there was no “follow-up on anything”. Additionally, the majority of participants expressed their concern regarding the severe lack of occasions for staff meetings, which also affected opportunities to engage with management, and added to feelings of being unsupported and unappreciated in their role. The above information highlights safety concerns from deficient managerial support, as well as the associated impacts to job satisfaction when support workers feel they are not being valued.

Additionally, within this study there is a connection between the lack of management support and communication, with regard to practical training opportunities, which have impacted on working conditions and job satisfaction. Although support worker participants talked about attaining the level qualifications (i.e., Certificate Health and Wellbeing 2,3, 4) stated in this Act, all participants mentioned a lack of management support for practical training. This was attributed to ineffective communication of training opportunities and deficiency of training in practical tasks of their job, including use of equipment. The perceived lack of practical training is a significant study finding, one that would require a closer evaluation and is linked with management's lack of communication. Due to the information obtained from these support workers, there appears to be a miss-match between qualifications of support work and attainment of practical skills for the job of support work, which would require additional inquiry. However, in regard to connection between graduates' outcomes for the level qualifications, Douglas and Ravenswood (2019) similarly found the worth of qualifications did not always line-up with a worker's practical competency and recommended review of New Zealand Qualification Authority (NZQA) qualification equivalency. Douglas and Ravenswood (2019) also note the impact of costs involved in the training and practical application of workers learning, regarding the Act. The above information demonstrates an awareness of issues related to training, and this researcher's current finding indicates on-going work in this area is required. Furthermore, this researcher suggests the application of guidelines specific for homecare support workers could aid with guiding appropriate attainment of practical skills and ongoing training required for support workers in this sector, while also adding to the level of professional recognition for paid support workers.

The above information regarding perceived lack of management support and communication for support workers is paralleled to the results of Douglas and Ravenswood's (2019) study. For example, Douglas and Ravenswood also found a reduction in staff meetings by management contributed to homecare care and support workers feeling isolated. Likewise, Douglas and Ravenswood noted workers felt undervalued with a lack of care and consideration of their work by providers. Furthermore, information from Ravenswood et al. (2021) on workplace relations adds to information regarding the value of care and support work and working relations with management, as these authors highlight that well over 50% of care and support workers mention not receiving the respect and acknowledgment that they deserve in response to their work efforts. Collectively, this information infers that how support workers perceive the value of their work is an important factor within their job satisfaction, which in turn is highly influenced by the level of management support provided.

International research has noted the significance of management support and communication impacting on care and support staff job satisfaction and how a lack of support can influence workers' control over their working conditions, consequently affecting job satisfaction (Chamberlain et al., 2016; Kim et al., 2014; Squires et al., 2015; Trydegård, 2012; Walling et al., 2012). It is important to note that within this current researcher's study, organisational work factors also impacted on the study participants' control over their working conditions and that organisation of work was strongly linked to impacting on study participants' job satisfaction. It is also imperative to note that there are many adverse implications for care and support worker staff not receiving adequate support and communication in their roles. For instance, some implications include effects on quality and safety of care, intention to leave their employment, ability to cope with work related problems, decreased autonomy and job satisfaction (Squires et al., 2015; Strandell, 2020; Trydegård, 2012; Wallin et al., 2012). Therefore, lack of managerial support and communication experienced by these support worker participants is a significant finding and adverse consequence of the Act's implementation requiring ongoing attention.

In regard to the above information, it is important to reflect on one of the main intents behind the pay equity settlement; the enabling a greater sense of worth and value of care and support work that is devoid of gender discrimination (Douglas and Ravenswood, 2019; Ministry of Health, 2018b). While gender discrimination is an issue discussed in past research, it was not the main focus of this study. Rather, a

feminist lens was applied as this study was focused solely on recruiting and talking to female participants who worked within the field of care and support work. In doing so, the study aimed to highlight these women's perceptions and experiences, while also enabling their voices to be heard concerning the effects of the Act's implementation, including their wages rates. The support worker participants within this study clearly expressed a lack of value for their work which is reflected in the lack of managerial support and communication towards their work and resultant work intensification connected to the Act's enactment.

Additionally, this researcher found the majority of study participants were not satisfied with their current wage rates in relation to value for their work. Although the initial increase to pay rates were substantial, the pay increments (Schedule 2 of this Act) were perceived of as disappointing as they did not keep up with inflation and other living costs. This meant that their current wage rates quickly became very similar to the minimum wage. Therefore, many participants were left feeling underwhelmed, as well as rather dissatisfied and undervalued with respect to their work. Hence, the Act's intention of attaining pay equity and respect for their work was considered by the majority of participants as not being met. In this regard, it is important for future policy decision making to take into account inflation and other costs when setting the pay increments connected to legislation.

Furthermore, in discussing literature on the importance of management support for care and support worker staff with reference to fiscal measures, it is important to note fiscal constraints (including cost cutting measures) as they often have an effect on management processors, which can negatively impact on the ability and circumstances for supporting care and support staff (Douglas & Ravenswood, 2019; Trydegård, 2012). Here, it is important to note that Douglas and Ravenswood's (2019) study reported fiscal measures having an initial impact on managerial operations, which also affected homecare care and support workers environment, working conditions and ability to engage with homecare workers. However, information from this researcher's current study suggests that longer-term impacts from fiscal measures (subsequent to the Act's implementation) are continuing to affect the levels of support available to support workers, which therefore impact on job satisfaction.

In summary, the findings of this thesis study support many of the unintended consequences identified by Douglas and Ravenswood (2019) concerning the Act's implementation on care and support workers. Overall, evidence points to the

enactment of this Act adversely affecting this study's homecare support workers participants WRQoL, which has resulted in the re-organisation of work, detrimental impacts for colleague working relations, an apparent decrease in managerial support and communication processes, and a signalling of requirements for further addressing practical training for support workers. As such, it is important to highlight how this researcher's current study also supports established findings from Nordic countries where interventions of fiscal measures have been aimed at improving factors relating to care services, which have also exhibited unintended, or undesirable effects impacting on the care and support workforce. Therefore, this researcher strongly encourages more regulation of service provision regarding the shrinking of time frames for providing care to clients, as well as the development of specific homecare support worker guidelines.

Limitations Identified Within This Study

There are several identified limitations of this research that the reader needs to take into account when weighing-up the potential benefits of the study findings.

First, it must be acknowledged that this study only provides a targeted snapshot in time of the WRQoL for a small number of care and support workers. As evident in the distinctions between the results of this study and that of Douglas and Ravenswood (2019), even a period of 1 year might be sufficient to witness change in the wellbeing of this workforce. In this respect, it is possible that the results highlighted here are not reflective of the wider cohort of workers, nor will they necessarily remain reflective as time (and the sector) progress and evolve.

Second, another limitation of the current study includes the small sample group of eight homecare support workers. In short, a small participant pool has meant the findings could not be generalised to all support workers working in the home and community sector (Boyce & Neale, 2006; Guest et al., 2013). However, due to the qualitative approach taken by this study, in depth information was able to be sourced from participants, which provided detailed findings that have contributed valuable insights to this body of knowledge regarding the working conditions for care and support workers in the Aotearoa New Zealand context. Furthermore, this information is of particular importance as the homecare sector is rapidly developing due to Aotearoa New Zealand's changing demographics connected to an increasing ageing population, as well as cumulative rates of non-communicable diseases (Home and Community Health Association & Lattice Consulting, 2018). Hence,

detailed knowledge of the impact of the Act on support workers' employment conditions is important for future workforce development.

A third limitation is linked to participants' ability to recall experiences and information that occurred 'before and after' the Act was implemented. This method of questioning therefore, sought data that may contain potential bias. For example, in this study participants were asked to think back to when the Act was implemented (four years ago) and compare it to the present day. As such, there is potential for the information provided to be affected (to varying degrees) by selective memory bias and telescoping (Connelly, 2013). However, this is an issue that often arises within qualitative research when participants are asked to reflect on 'before and after' circumstances. As such, the researcher made every effort to explore participants' reflections and use additional prompt questions to minimise inaccuracies within the recorded data (DeJonckheere & Vaughn, 2019; McGrath et al., 2019). Some participants also chose to review their transcripts and therefore, respondent validation and data quality checking occurred through more than one lens (the researcher and interviewee) (McGrath et al., 2019).

A fourth potential limitation of this study is the scope of WRQoL that was used. For this study, WRQoL was addressed through only four of Van Larr et al.'s (2007) six psycho-social scales. This decision was made due to the research time frame and regard for an appropriate scope for this study. Therefore, one could argue that it does not present a sufficient examination of WRQoL for these workers. Yet, it is important to note that the rationale and choice of utilising only four of the scales was based on this study's further exploration of unintended consequences of the Act's implementation identified from Douglas and Ravenswood (2019) study.

Implications for Future Research

As this project addressed the effects of the Act on homecare support workers WRQoL, and past research by Douglas and Ravenswood (2019) addressed the quality of life for managers' and care and support workers' in the three sectors (residential, homecare and disability), a future study that addresses coordinators and clinical managers, alongside care and support workers investigating WRQoL in all sectors of the care and support workforce, would not only build on previous findings, but also provide a holistic view of how fiscal measures of legislation and sector reforms have impacted on the care and support workforce sector. This would provide a longer-term (rather than a snapshot) look at the impact of the Act's (and amendments) enactment on the industry. Theoretically, this potential study

addressing WRQoL through Van Laar et al.'s (2007) model encompassing several regions around Aotearoa New Zealand compiled a year after this Pay Equity Act has ended (30 June 2022), could be applied as part of an evaluation of the Act on the entire sector, and provide policy advisors with more information and knowledge of the health industry. The evaluation and holistic view of the industry and could also be applied to further investigate the occurrence of 15 minute client visit time frames, the impacts from new cohort entering the different sectors, and take a closer look at training requirements for care and support workers.

Hence, a future study designed to examine WRQoL could be applied as a foundation that would aid in establishing a programme that continually monitors the care and support sector as part of addressing workforce development for care and support workers, as well as providing some information about genuine costs for the provision of care. It could also help to prepare and provide service provisions due to the above-described changes in population demographics. Overall, cost effective and efficient service provision to help improve care and assistance services for people to live as safely and independently as possible in the community as part of providing primary care, would act to enhance cost saving measures to secondary healthcare services (Macinko et al., 2003), while also aiding in the development of a more robust and cost-efficient economical operation within Aotearoa New Zealand's healthcare system.

Chapter 6 Conclusion

The main aim of this thesis has been to examine the extent of change stemming from the implementation of the Care and Support Worker (Pay Equity) Settlement Act 2017 (the Act), and how that has affected Manawatu employees' work-related quality of life (WRQoL). Findings of this research have revealed how female Manawatu home and community support workers in particular, have experienced adverse impacts from the implementation of this Act. Utilising components of the Van Larr et al. (2007) model of WRQoL, this study showed that the Act overwhelmingly affected organisational work factors for the participants and resulted in further reorganisation and intensification of work. Additionally, in regard to pay equity wage rates, some study participants felt legislative wage increments did not advance with inflation and living costs, and current wage rates were largely similar to the minimum wage. Overall, the implementation of the Act left the majority of participants feeling overwhelmed with work but also believing that their work efforts were undervalued.

The findings of this study clearly point to the fact that implementation of the Act has had the unintended effect of altering the landscape for support workers to the detriment of this workforce. It has led to significant re-organisation of work, intensified the work and roles of support workers, reduced the time available to undertake this work, acted to affect communication and support channels between management and the workforce, as well as alienated a significant proportion of experienced workers who are now forced to work with a new cohort of workers that often lack practical training and the work ethic to do the job correctly and safely for clients.

The findings illustrate an adverse impact upon the WRQoL of these support worker participants and illustrate many issues which the care and support industry and policy makers needs to be aware of and consider. Shrinking time frames for care, increased work expectations, perceived lack of management support and practical training all act to impact upon increasing support worker stress, safe practice, heightened potential for errors and accidents, and consequently indicate negative implications on the provision of care affecting the fundamental purpose of care and support work. Therefore, the suggestion of re-addressing homecare providers regulation of service provisions and, applying national guidelines specific to support

workers in the homecare sector could act to protect care and support workers from intensified working conditions, and support regulation of care, in conjunction with benefits towards maintaining appropriate standards of client care. The level of deficient managerial support and communication reported by study participants relays the importance of awareness and requirement of sector organisations to pay attention to more effective communication processors. This would assist their care and support workers and provide increased opportunities that demonstrate capable leadership in supporting their staff, as well as attain a closer focus for providing on-going practical training. Close attention to care and support worker collegial working relations is also crucial, especially with the new cohort entering the workforce, and the importance of monitoring for effective working relations.

This researcher recommends that when policy makers are implementing fiscal measures in legislation and assigning future wage increments, priority should be given to the effects of inflation, living costs and other similar factors, which can have an indirect effect on the impact and perceived value of assigned wage rates in the future. This researcher also asserts policy makers need to be aware of the unintended consequences of this Act that seemingly addressed key issues but has resulted in many more extenuating issues still to be addressed. Collectively, in regard to Douglas and Ravenswood's (2019) findings (of unexpected negative consequences) and this studies up-to-date findings (on implications from the Acts enactment negatively affecting support workers WRQoL), this researcher confers that the intent of improving conditions, attaining pay equity and value for support work was not met for the majority of these homecare support workers. Hence, addressing sector specific guidelines for support workers and standard regulations, along with further examination and careful reassessment of how fiscal measures are applied within the implementation of future Acts, is required.

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Appendices

Appendix 1: Study Information Sheet

Manawatū Homecare Support Workers' Work-related Quality of Life



COLLEGE
OF HEALTH
TE KURA HAUORA TANGATA

Hello, I'm Christine Barry, a masters student studying public health at Massey University. I'm conducting a study about Manawatū homecare support workers' quality of life. This study looks at the working conditions for homecare support workers, such as: stress, work-life balance, and job/career satisfaction. I'm particularly interested in any changes you've experience since the Care and Support Worker (Pay Equity) Settlement Act 2017.

You're invited to meet with me for about an hour discussing your experiences. Information from this study will be presented in a thesis and may also be published in other literature, including academic papers and conferences.

I'm keen to talk with female support workers who are:

- Aged 18 years or over
- Levels 3 or 4
- Currently working in mostly homecare roles
- Was working in a homecare role before the 2017 Pay Equity Act.

It is important that you know:

- ✓ You can change your mind and withdraw from the study
- ✓ You can ask any questions about the research
- ✓ You don't have to answer any questions if you don't want to
- ✓ The interviews will be audio recorded
- ✓ We will not use your real name
- ✓ We will keep information talked about confidential to the Massey researchers
- ✓ You will be able to review your interview transcript and receive a summary of the research when completed.

If you would like to participate, or would like some more information, please get in contact Christine Barry: Email [REDACTED], or Phone [REDACTED].

You can also contact my supervisors:

Dr. Chrissy Severinsen
School of Health Sciences
Tel: 06 9516506

c.a.severinsen@massey.ac.nz

Dr. Andy Towers
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This study involves application of the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants Participation Revised Code 2017. This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz.

Appendix 2: Participant Consent Form



Manawatu Homecare Support Workers' work-related quality of life post the implementation of the Care and Support Worker Pay Equity Settlement Act 2017

PARTICIPANT CONSENT FORM

Please tick the following. I understand that:

- ☐ I can stop my involvement in the interview anytime I like if I don't feel like it anymore
- ☐ I do not have to answer any questions I do not want to
- ☐ I agree to the interview will be recorded, but I can ask for the recorder to be turned off any time
- ☐ I will not be identified in the research. The researchers will keep all personal information confidential and not use my real name in results and publications.

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I wish / do not wish (please circle) to review my transcripts from the interview.

I wish / do not wish (please circle) to receive a summary of the completed research.

I agree to participate in this study under the conditions set out in the Information Sheet.

Full name:

Signature:

Date:

Appendix 3: Participant Questionnaire Form

Purpose of the Act

New Zealand's Care and Support Worker (Pay Equity) Settlement Act 2017 was passed as a law 4 years ago. This Act came into effect on July 1, 2017 and implemented a settlement agreement for pay equity issues for care and support workers. For this Act, pay equity refers to the removal of wage discrimination based on gender, which enabled "the same pay for work of equal value for work that is predominantly performed by women" (Treasury, 2017, p. 1). This Act was applied to address historical pay inequalities and attain pay equity for the care and support sector workforce. The Act was written to improve conditions related to funding, wages, and training for care and support workers within home and community care, residential care, and disability sectors.

Questionnaire – Participant Profile

DOB		Ethnicity		
Level 3	Level 4	Wage rate from Qualification / Experience		
Is support work your primary household income?		Yes	No	
(\$1-9,999)	(\$10,000-24,999)	(\$25,000-49,999)	(\$50,000+)	
(Prefer not to answer)				
I work part time 29 hr or less a week		I work full time 30+ hr/week		
How many years' experience do you have as a support worker in homecare?				
3-6	7-10	11-14	15-18	19+
How did you come to work in this role?				
.....				
.....				
.....				
.....				
.....				

Appendix 4: In-depth Interview Schedule

Component 1: Working Conditions

I'm interested in hearing about how your work has changed since the pay Equity Settlement Act came in. The first set of questions is about your working conditions.

Q 1, How has your pay changed since the settlement Act?

Q 2, Tell me about the safety of your work environment?

Q 3, How would you describe your working conditions?

Q 4, Do you have the things you need to do your job effectively?

(If 'yes', what does that include? If 'no', please explain what that is and why?)

Component 2: Stress at Work

These next questions are about any pressures or stress you might feel at work, and how this may have changed since the Pay Equity Act.

Q 5, Can you describe instances where you felt under pressure at work?

Q 6, How often do you feel excessive levels of stress at work, and can you describe this and what this was like?

Component 3: Work-life Balance

These questions are about how you feel you can balance home and work demands. I'm particularly interested in hearing about any changes since the Pay Equity Act was passed.

Q 7, In what ways does your employer provide adequate facilities and flexibility for me to fit work in around my family life?

Q 8, Can you describe your current working hours/patterns, and whether they suit your personal circumstances?

Q 9, In what ways does your co-ordinator/manager actively promote flexible working hours/patterns?

Component 4 :Job and Career Satisfaction

These questions are about how satisfied you feel about your work, how much you like it or not. When you're answering, please have a think about how this may have changed or not since the Pay Equity Act?

Q 10, Can you tell me about any goals and aims that you use to enable you to do your job?

Q 11, How does your manager acknowledge you have done a good job?

Q 12, How would you rate your overall quality of working life?

(Totally satisfied, satisfied, neutral, dissatisfied, totally dissatisfied)

Can you tell me why? Or What are the factors that you are considering in coming to that conclusion?

Q 13, Do you have any additional information you would like to add?

Q, 14, Do you have any questions for me?

Thank you for taking the time to respond to my questions.

Appendix 5: Excerpts from the Act, Part 1 Preliminary provisions

Purpose of the Act, Overview, and Interpretation

The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Care and Support Workers (Pay Equity) Settlement Act 2017.

2 Commencement

This Act comes into force on 1 July 2017.

Part 1 Preliminary provisions

3 Purpose

(1) The purposes of this Act are—

(a) to implement the settlement agreement described in subsection (2); and

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(b) to apply the terms of that agreement to employers and care and support workers who were not party to the agreement.

(2) The settlement agreement was signed on 2 May 2017 by or on behalf of the Crown, ACC, the 20 DHBs, E tū Incorporated, the New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi Incorporated, the New Zealand Nurses Organisation Incorporated, and the New Zealand Council of Trade Unions Te Kauae Kaimahi Incorporated. The agreement relates to pay equity issues for care and support workers.

4 Overview

To achieve its purposes, this Act—

- (a) extinguishes existing claims and bars future claims by care and support workers under the Equal Pay Act 1972; and
- (b) specifies minimum hourly wage rates payable by employers to care and support workers for work performed during the period starting on 1 July 2017 and ending on 30 June 2022; and
- (c) requires employers to provide support for care and support workers to attain qualifications; and
- (d) provides for the Ministry of Health, DHBs, and ACC to pay additional funding to employers towards the cost of employers' obligations under this Act.

5 Interpretation

In this Act, unless the context otherwise requires,—

ACC means the Accident Compensation Corporation continued by section 259 of the Accident Compensation Act 2001

care and support services—

(a) means—

- (i) services funded under a funding agreement that are performed in a person's home (including residential care facilities, retirement villages, and rest homes) or workplace for the purpose of—
 - (A) assisting the person to continue to live in the person's home or in the community (such as personal care and household management services); or
 - (B) assisting a person who has a disability to work in the community; or
 - (C) supporting the person's rehabilitation from an injury covered by the Accident Compensation Act 2001 and to achieve and sustain the person's maximum level of participation in everyday life; and

- (ii) long-term residential care in a hospital or a rest home that is assessed as required under section 137 of the Social Security Act 1964; but

(b) does not include mental health services

care and support worker—

(a) means a person—

- (i) who is an employee of an employer; and
- (ii) whose work for that employer primarily involves providing care and support services; and

(b) for the purposes of section 8, includes a person—

- (i) who was previously an employee of an employer; and
- (ii) whose work for that employer primarily involved providing care and support services

continuous employment, in relation to a care and support worker,—

(a) includes any period during which the worker is—

- (i) on paid holidays or leave under the Holidays Act 2003; or
- (ii) on parental leave under the Parental Leave and Employment Protection Act 1987; or
- (iii) on volunteers leave (within the meaning of that term in section 2(1) of the Volunteers Employment Protection Act 1973); or
- (iv) receiving weekly compensation under the Accident Compensation Act 2001 as well as, or instead of, payment from the employer; or
- (v) on unpaid sick leave or unpaid bereavement leave; or

level 2 qualification means—

- (a) a level 2 New Zealand Certificate in Health and Wellbeing issued by NZQA; or
- (b) a qualification (whether from New Zealand or overseas) that is recognised by the relevant industry training organisation (within the meaning of that term in section 2 of the Industry Training and Apprenticeships Act 1992) as being equivalent to the qualification described in paragraph (a)

level 3 qualification means—

- (a) a level 3 New Zealand Certificate in Health and Wellbeing issued by NZQA; or
- (b) a qualification (whether from New Zealand or overseas) that is recognised by the relevant industry training organisation (within the meaning of that term in section 2 of the Industry Training and Apprenticeships Act 1992) as being equivalent to the qualification described in paragraph (a)

level 4 qualification means—

- (a) a level 4 New Zealand Certificate in Health and Wellbeing issued by NZQA; or
- (b) a qualification (whether from New Zealand or overseas) that is recognised by the relevant industry training organisation (within the meaning of that term in section 2 of the Industry Training and Apprenticeships Act 1992) as being equivalent to the qualification described in paragraph (a)

Ministry of Health means the department of the Public Service referred to by that name

NZQA means the New Zealand Qualifications Authority established under Part 20 of the Education Act 1989

ordinary hourly wage, in relation to a care and support worker,—

- (a) means the worker's wage for an hour's work in the worker's substantive position; and
- (b) does not include any other amounts paid, including an amount paid for working overtime, for working at night or on a weekend, or for acting in a position for which there is a higher hourly wage.

Appendix 6: Excerpts from the Act, Part 2 Care and support worker entitlements and employer obligations

Wage rates

Wage rates

9 Minimum hourly wage rates

- (1) An employer must pay a care and support worker no less than the greater of—
 - (a) the applicable hourly wage set out in Schedule 2; and
 - (b) the ordinary hourly wage that the employer was required to pay the worker under the terms and conditions of employment in place between the employer and the worker immediately before the commencement of this Act.
- (2) This section does not apply in respect of—
 - (a) time spent by the worker in providing excluded services; or
 - (b) time spent by the worker in travel between clients within the meaning of that term in section 4 of the Home and Community Support (Payment for Travel Between Clients) Settlement Act 2016; or
 - (c) a period of time spent by a worker overnight during which the worker, under the terms of the worker's employment agreement, is—
 - (i) required to be at the worker's workplace; and
 - (ii) allowed to sleep at the workplace while on duty; and
 - (iii) required to be available to attend to the worker's duties during the course of the night as necessary.

Support for training

Support for training

12 Employers must ensure care and support workers are able to gain qualifications

- (1) An employer must take all reasonably practicable steps to ensure that a care and support worker is able to attain—
 - (a) a level 2 qualification within the first 12 months of the worker's continuous employment with the employer; and
 - (b) a level 3 qualification within the first 36 months of the worker's continuous employment with the employer; and
 - (c) a level 4 qualification within the first 72 months of the worker's continuous employment with the employer.
- (2) If a care and support worker is not able to attain a qualification within the time required by subsection (1), the employer must take all reasonably practicable steps to ensure that the worker is able to attain the qualification as soon as is reasonably practicable.

Appendix 7: Excerpts from the Act, Part 3 Funding of employers and miscellaneous provisions

Subpart 1- Funding of employers

Subpart 1—Funding of employers

18 Funding amounts increased

- (1) A funder must pay an employer with whom the funder has a funding agreement additional amounts over and above the amounts required by the funding agreement towards offsetting the additional costs faced by the employer as a result of this Act.
- (2) The funder must determine the additional amounts, taking into account—
 - (a) the increased wage costs faced by the employer as a result of this Act; and
 - (b) the increased training costs faced by the employer as a result of this Act; and
 - (c) any other matter that the funder considers appropriate.
- (3) The funder's determination of the additional amounts is final.
- (4) This section applies only in respect of funding agreements entered into before the commencement of this Act.

Appendix 8: Excerpts from the Act, Schedule 2

Minimum hourly wages

Schedule 2 Minimum hourly wages

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1 Hourly wage rates for workers employed before 1 July 2017

- (1) The hourly wage for a care and support worker who is employed by an employer immediately before 1 July 2017 is the greater of the worker's hourly wage under clause 2 and the applicable amount in the following table:

Worker's length of service with employer	1 July 2017 to 30 June 2018	1 July 2018 to 30 June 2019	1 July 2019 to 30 June 2021	1 July 2021 to 30 June 2022
Less than 3 years	\$19.00	\$19.80	\$20.50	\$21.50
3 years or more but less than 8 years	\$20.00	\$21.00	\$21.50	\$23.00
8 years or more but less than 12 years	\$21.00	\$22.50	\$23.00	\$25.00
12 years or more, if subclause (2) applies	\$22.50	\$23.50	\$24.50	\$26.00
12 years or more, if subclause (2) does not apply	\$23.50	\$24.50	\$25.50	\$27.00

- (2) This subclause applies to a care and support worker if—
(a) the worker commenced employment with the employer on or after 1 July

19 Records to support additional funding

- (1) An employer must keep a record, for each care and support worker employed by the employer, of—
(a) the qualifications, if any, held by the worker; and
(b) the length of time that the worker has been continuously employed by the employer.
- (2) An employer must, on the request of a funder with whom the employer has a funding agreement, provide to the funder—
(a) the records kept under subsection (1); and
(b) the wages and time record kept by the employer for each care and support worker under [section 130](#) of the Employment Relations Act 2000.
- (3) An employer who fails to comply with subsection (1) or (2)(a) is liable to a penalty imposed by the Employment Relations Authority under the [Employment Relations Act 2000](#).

