

# Rethinking job satisfaction in domiciliary care work

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## Summary

**This briefing draws on our research undertaken for the Department of Health into problems in the recruitment and retention of the social care workforce for older adults in the period 2008–10 in England (Rubery et al., 2011).**

**Our findings revealed significant problems in recruiting and retaining sufficient care workers, particularly in domiciliary care.**

**Our investigation involved talking to:**

- local authorities who commission care services;
- domiciliary care providers – now mainly private or voluntary sector companies – who employ the care workers;
- care workers working for the independent and local authority providers who provide the services in both residential and domiciliary care.

**This briefing will focus specifically on the accounts of care workers working for four domiciliary care providers in two local authorities – two in the independent sector and two local authority providers.**

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## Key messages

- Care workers' job satisfaction in the independent sector is linked to relationships with service users. These relationships can, however, lead to 'hidden' unpaid work. While this is rewarding it also increases work intensification for some care workers who are already in one of the lowest-paid occupations in the country.
- Managing the expectations of service users is an increasingly important and demanding part of the job. Those working for local authority providers have the support to do this confidently while care workers in the independent sector need to be able to manage users' expectations in ways that are both fair for users and for themselves.
- Better-paid care workers employed by local authority providers were very satisfied with their work. These workers benefited from well-designed jobs and care packages which enable workers to develop and use the skills needed to provide quality care.



## Introduction and background

Domiciliary care workers are paid workers who travel to the homes of older people who, due to physical or mental health problems, need assistance in their daily routines. The job involves a mix of personal care, interpersonal skills, tasks such as the administering of medication and assistance with finances, as well as a willingness to work intimately with the body and bodily waste. There are also newer types of specialised domiciliary care work that are provided by local authorities. In our research we came across two examples: the re-ablement role and the elderly mentally ill service. The re-ablement role (see Box 1) is a short-term

package of care while the elderly mentally ill service is a long-term traditional domiciliary care role but is targeted at users suffering from low levels of dementia.

Domiciliary care workers who work for the independent sector are paid far less – nearly 45% less – than those employed by local authorities (see Table 1). This difference is far wider in elder care than it is in childcare. Care workers in the independent sector are also mainly employed on zero hours contracts while local authority workers are employed on guaranteed contracts of employment (see also FairWRC research briefing number 3).

### Box 1: A new direction for domiciliary care: definition of the re-ablement service

Re-ablement is a new, short-term intervention in English home care. It helps users to regain confidence and relearn self-care skills and aims to reduce needs for longer-term support. Some services are selective, prioritising people discharged from hospital or recovering from illness and accidents, others are more inclusive, accepting almost all those referred for home care (Glendinning et al., 2011).

**Table 1: Gross hourly pay (£) of care workers in the public and private sectors, 2011**

	Private sector	Public sector	% difference
Care assistants and home carers	7.02	10.16	44.7%
Childcare and related personal services	6.50	8.41	29.4%

Source: Annual Survey of Hours and Earnings (2011 data are used to reflect time of study)

Despite these poor pay and conditions our research along with other studies finds that domiciliary care workers are highly satisfied with their jobs, whether they are working in the public or private sector. This has been explained by the caring motivations of care workers and the rewarding nature of care work (Rakovski et al., 2010). Social care work has been described as ‘intrinsically satisfying’ because workers feel they can ‘make a difference’ in their job (Eborall, 2003: 11).

The *Skills for Care* survey of care workers (2007) looks specifically at what care workers report to enjoy about the work. The survey identified what care workers said were the ten ‘favourite things about care work’:

1. Job satisfaction (14%)
2. Chatting with clients [users] (12%)
3. Meeting different people (11%)
4. Caring/looking after people (10%)
5. Helping people (10%)
6. Knowing you are making a difference (10%)
7. The people I work with (8%)
8. Keeping clients [users] happy (7%)
9. Flexibility of working hours (3%)
10. Building relationships with/gaining the trust of clients [users] (3%).

This is typical of research that persistently shows high levels of job satisfaction related to doing caring work and relationships with service users. However, the acute recruitment and retention problems in the sector suggest it is a shrinking pool of people that are able to forgo a decent wage for a rewarding job.

## The research

This briefing draws on interviews with care workers working for four domiciliary providers – two in the independent sector and two local authority providers – to investigate if there are different sources of

job satisfaction reported by these different sets of domiciliary care workers. The jobs in the two sectors were found to differ in terms of content, and pay and conditions (see Table 2).

**Table 2: Comparison of two local authority and two independent providers**

Domiciliary care provider	Gross hourly pay (£)	Contract	Travel payments	Job design
North West in-house provider	9.13	Guaranteed hours	Yes	Elderly mental illness (EMI)
South East in-house provider	11.11	Guaranteed hours	Yes	Re-ablement
North West private domiciliary provider	6.05	Zero hours	No	Domiciliary care
South East private domiciliary provider	7.14	Zero hours	No	Domiciliary care

Three questions will be addressed that have wider implications for the quality of jobs on offer in the social care sector.

- Are the sources of job satisfaction the same or different for care workers in the independent sector compared to local authority care workers?
- To what extent is the work that brings high satisfaction actually hidden from view i.e. that is not included in official time allocations and care plans?
- In what ways are new roles in domiciliary care a way to professionalise the skills in care work?

### Job satisfaction in different types of domiciliary care roles

What all care workers had in common, regardless of sector, was their high level of satisfaction with the job. The key reasons given for high satisfaction included the rewarding nature of the job, opportunities to help others and their relationships with service users.

Those working for independent providers frequently identified their relationships with users as a key source of satisfaction.

“You’re going in and you are making a difference to somebody. The only person they might see that day. I just like chatting with them, socialising with them, just doing anything that I can to help keep them in their own homes.”

South East private domiciliary provider, care worker, age 51, two years in post

In the independent sector care workers’ satisfaction was also linked to going beyond what was required of them to provide a good quality service. They were proud of doing ‘extra’ tasks for users, for example they would often return to the service user’s home to take them shopping even when this was not on the care plan. Doing these extras was a key source of job satisfaction and dignity at work and often reflected the limited time allowed for in-care packages and specified times for visits to accommodate service users’ needs. In contrast, those care workers employed by local authorities to provide more specialised services spoke more of their satisfaction from working in the community and on the challenging and rewarding aspects of either their re-ablement role or their role in working with the elderly mentally ill.

## The research continued

“I like the challenge of it... I get a real sense of achievement when I can get them to do something that they’ve never wanted to do. You know, even if it’s just like having a wash... and when you can get a relationship with them where they trust you... I enjoy that.”

North West in-house provider, care worker, age 43, 14 years in post

Working beyond contract was not reported as a common practice for local authority workers for two reasons. Firstly, they reported having more time to spend with users so they were not in the position of having to provide essential care through extra unpaid work. Secondly, there was management support for ensuring that the relationship between service users and care workers was more professional than in the past. This included not putting care workers in the position that they had to manage service user requests outside the specified care package. This support was effective as local authority care workers emphasised the professionalism of their role and the need to draw boundaries between the service user and themselves while still stressing the satisfaction gained from relationships with users.

### The problems of job satisfaction

Research on older people’s definition of quality care has shown the importance that users attach to care workers’ willingness to be flexible and do jobs beyond those stipulated in the care plan (Francis and Netten, 2004). Care workers in the independent sector have been found to be more likely to be flexible even if

their timed visits did not allow for it. This can lead to work intensification as care workers find it difficult to say no to service users who may have genuine needs. The care worker below talks about the dilemma this presents which is often underplayed in discussions of job satisfaction in the care sector.

“I do get attached. You just do, you can’t help it. Sometimes they will try and play on that nature, you know the elderly will, some are very vulnerable and lovely, but some can sort of play on your good nature, so... ‘Could you go to Tesco for me? Can you go...?’ And I, at first I was everywhere, and the office were saying, ‘You’ve got to draw the line’.”

North West private domiciliary provider, care worker, age 33, six months in post

In contrast, those working in the re-ablement and elderly mentally ill service were more at ease in managing unrealistic service user expectations and more comfortable with a certain amount of distance between themselves and users. A tension in the re-ablement service more generally is that elderly service users and their families still expect a traditional home care service where the care worker does things for the user. However the management in this service were clear that the goal of independence should shape the relationship between care workers and users and were consequently very sensitive to the professional boundaries that needed to be kept between the user and the care worker.

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## Key issues

Two key issues arise from this research that lead us to question the rather rosy picture of the care sector that appears from the findings of high levels of job satisfaction.

- The care workers that are paid less in the independent sector voluntarily engage in extra work because the care packages are designed in ways that cannot accommodate the needs of the service users. This means that a key source of job satisfaction is also a key source of work intensification.
- Better-paid care workers working for local authority providers show they were no less satisfied with their work but working beyond their allocated tasks was not part of their definition of quality care. The care workers that have time to carry out their roles emphasise the professional nature of the role. This means they are less likely to feel they have to respond to service user requests if they are deemed unreasonable.

## Implications

- Managing boundaries between service user requests and official care packages is a key skill that care workers have to learn and exercise. Those in the new local authority roles are doing this confidently and they have more time to carry out quality service without crossing boundaries between paid and unpaid work. Their goals are clear and supported by management.
- Care workers, when given support and training, are confident in managing the boundaries between care packages and service user requests. This is a key skill and by recognising this aspect of the job the work might appeal to a wider pool of potential recruits.
- Care workers in the independent sector are not only paid less but also have to cope with care packages that cannot fit all the care needs of the service user into the time allocated. Instead of the service user suffering we have found that care workers often do 'hidden' work to compensate for this. It is untenable and unfair to keep asking those who are paid the least, close to the minimum wage, to keep doing this 'hidden' work.
- Local authorities, employers, care workers and service users must work together to increase the time allocation of care packages for good quality jobs and good quality care. They must also encourage professionalisation through training which will give care workers more confidence to manage relationships and set boundaries with service users.

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