

**IMPROVING RESIDENTIAL AGED CARE:
UNDERSTANDING FACTORS INFLUENCING CARE
STAFF SATISFACTION**

**Ms Shu-Chiung CHOU
Professor Duncan BOLDY
Dr Andy LEE**
Mrs Linda GRENADE**

**Department of Health Policy and Management
Department of Epidemiology and Biostatistics****

**School of Public Health
Curtin University of Technology**

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ABSTRACT

Residential care for elderly people will continue to play an important and necessary role in the overall provision of aged care services as the Australian population ages. An important component of residential aged care is the care staff. In order to provide high quality of care to residents and to decide and plan specific strategies, facility managers need to understand what influences the job satisfaction of their care staff.

A research project, which aims to provide an understanding of the factors influencing resident satisfaction in aged care settings, was carried out in Western Australia in 1998 using a survey approach. The relationships between staff factors, organisational factors, resident dependency and resident satisfaction have been investigated. Some staff factors, such as job satisfaction, experience and in-service training, are believed to have a positive effect on resident outcomes in terms of resident satisfaction. Although this research project was conducted in order to understand factors influencing resident satisfaction, this paper will focus only on the assessment of satisfaction of care staff. The information obtained from this care staff satisfaction assessment can be used in program evaluation, particularly in improving care process and consumer satisfaction.

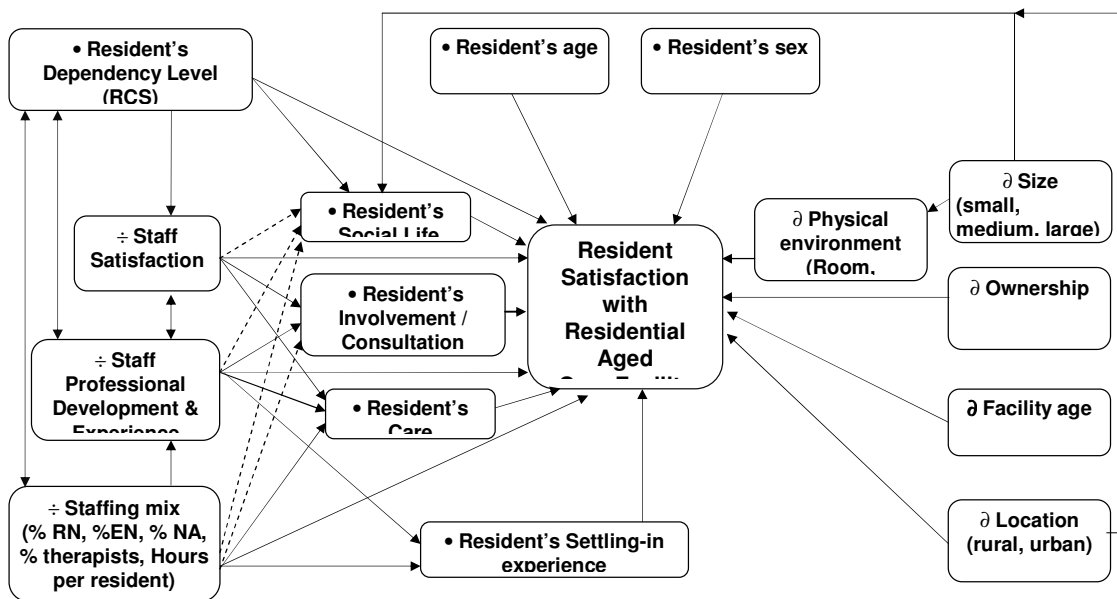
BACKGROUND

Consumer (resident) satisfaction has emerged as an important component of the quality of health services. Based on the new residential aged care standards and accreditation process in Australia, resident satisfaction is also a focal concern of quality improvement and an expected outcome of care (Aged and Community Care Division 1998). Although resident satisfaction is gaining acceptance as a quality of care outcome indicator, there is still a relative dearth of relevant research undertaken in aged care facilities. This study, which used valid and reliable questionnaires related to both high and low care facilities in an attempt to understand the relationship between staff and resident satisfaction, is thus particularly important and timely.

CONCEPTUAL FRAMEWORK

There is considerable controversy over the major factors influencing patient satisfaction (or quality of care using satisfaction as an outcome indicator) in the literature. Factors which could possibly contribute to resident satisfaction include: (1) *organisational factors* (such as size, age and location of a facility); (2) *resident factors* (such as age, sex and dependency level); (3) *staff factors* (such as job satisfaction, experience and professional development). Based on these three main components, a hypothesised causal model (see Figure 1) was constructed. As can be seen from the model, staff satisfaction (and various factors relating to it, for example work experience, qualifications, participation in professional development activities and training needs) was identified as a key variable of interest. The assessment of the staff satisfaction variable is the focus of this paper.

Figure 1 Conceptual Framework



RESEARCH DESIGN

The study was conducted in Western Australia in 1998. To assess the satisfaction of care staff, data on organisational profiles, staff profiles and staff satisfaction were collected. These profiles covered the variables underpinning the conceptual framework outlined in Fig. 1. A correlation design based on a cross-sectional survey, was used to collect information. The required data was collected in a variety of aged care facilities over a period of approximately twelve months via a self-complete questionnaire

method. The managers of the aged care facilities were requested to assist with the overall co-ordination of the surveys.

Sampling

1. FACILITY: The sampling frame for the study included private, public and charitable aged care facilities in Western Australia; a total population of 276 facilities with 10,975 beds. Stratified sampling was employed by first categorising the sampling frame by size of facility, then by type, and location. After a random start, a sampling fraction was calculated based on the required sample size. The size of the aged care facilities was divided into the following categories, 'small' (<30 residents), 'medium' (31-59 residents) and 'large' (> 60 residents). Facilities were categorised as 'high care' and 'low care' and location as 'metro' and 'non-metro'. When a refusal occurred, a replacement facility was selected randomly from within the same stratum. Overall, more than 70 aged care facilities participated in the study.

2. STAFF: All direct care staff and therapists including the Director of Nursing, manager, registered nurse, enrolled nurse, nursing assistant, physiotherapists, occupational therapists and activity staff within a selected facility were invited to participate in the study. Staff were approached by mail with a description of the purpose of the research, requesting their consent to participate. A self-complete questionnaire was also included in the mail. A 'passive consent' approach was adopted in this research, i.e. if participants completed the questionnaire and returned it, this implied that they had given their consent to participate.

Measurement instruments – staff survey

A staff questionnaire was designed to collect data on the following components: qualifications, experience, nature of employment (for example, hours worked); involvement in professional activities; involvement in in-service training and job satisfaction. Staff job satisfaction was assessed using the Measure of Job Satisfaction (MJS) questionnaire (Traynor and Wade 1993). The MJS comprises five subscales which assess different aspects of job satisfaction including personal satisfaction, satisfaction with workload, satisfaction with professional support, satisfaction with pay and prospects and satisfaction with training. It includes 37 items preceded by a stem question, 'How satisfied are you with this aspect of your job?' Responses are on a five-point Likert scale ranging from 'very dissatisfied' to 'very satisfied' (see Table 1). This questionnaire generally takes approximately 10 minutes to complete.

Table 1 Measure of Job Satisfaction question items

<i>How satisfied are you with this aspect of your job?</i>	Very Dissatisfie d	Dissatisfie d	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
1. The feeling of worthwhile accomplishment I get from my work	1	2	3	4	5
2. The extent to which I can use my skills	1	2	3	4	5
3. The contribution I make to resident care	1	2	3	4	5
4. The amount of challenge in my job	1	2	3	4	5
5. The extent to which my job is varied and interesting	1	2	3	4	5
6. What I have accomplished when I go home at the end of the day	1	2	3	4	5
7. The standard of care given to residents	1	2	3	4	5
8. The amount of personal growth and development I get from my work	1	2	3	4	5
9. The quality of my work with residents	1	2	3	4	5
10. The amount of independent thought and action I can exercise in my work	1	2	3	4	5
11. The time available to get through my work	1	2	3	4	5
12. The amount of time available to finish everything I have to do	1	2	3	4	5
13. The time available for resident care	1	2	3	4	5
14. My workload	1	2	3	4	5
15. Overall staffing levels	1	2	3	4	5
16. The way that I am able to care for residents	1	2	3	4	5
17. The amount of time spent on administration	1	2	3	4	5
18. The amount of support and guidance I receive	1	2	3	4	5
19. The opportunities I have to discuss my concerns	1	2	3	4	5
20. The support available to me in my job	1	2	3	4	5
21. The overall quality of the supervision I receive in my work	1	2	3	4	5
22. The degree of respect and fair treatment I receive from my boss	1	2	3	4	5
23. The degree to which I feel part of a team	1	2	3	4	5
24. The people I talk to and work with	1	2	3	4	5
25. The contact I have with colleagues	1	2	3	4	5
26. The value placed on my work by my colleagues	1	2	3	4	5
27. The amount of pay I receive	1	2	3	4	5
28. The degree to which I am fairly paid for what I contribute to this organisation	1	2	3	4	5
29. My prospects for promotion	1	2	3	4	5
30. The opportunities I have to advance my career	1	2	3	4	5
31. The match between my job description and what I do	1	2	3	4	5
32. How secure things look for me in the future of this organisation	1	2	3	4	5
33. The amount of job security I have	1	2	3	4	5
34. The opportunity to attend courses	1	2	3	4	5
35. Time off to attend courses	1	2	3	4	5
36. Being funded for courses	1	2	3	4	5
37. The extent to which I have adequate training for what I do	1	2	3	4	5

RESULTS

A response rate of 57% (n=983) was achieved, out of the 1731 questionnaires distributed. Descriptive data analysis was performed using the Statistical Package for the Social Sciences (SPSS), to provide a staff profile of the sample.

Descriptive information are presented in Tables 2, 3 and 4.

Table 2 Staff distribution and facility characteristics

Variable	Frequency (n=983)		Percent
	No. of Facilities	Staff	%
Location			
Metro	55	796	81
Non-metro	17	187	19
Facility Type			
Hostel	42	373	38
Nursing Home	30	610	62
Ownership			
Charitable	42	579	59
Government	12	102	10
Private	18	302	31
Size			
Small (<30)	22	196	20
Medium (31-59)	36	541	55
Large (>60)	13	246	25

Table 3 Staff personal characteristics

Variable	Frequency (n=983)	Percent
Sex		
Male	64	6.5
Female	917	93.3
Missing	2	.3
Age		
<25	76	7.7
25-34	117	11.9
35-44	270	27.5
45-54	348	35.4
>54	154	15.7
Missing	18	1.8
Position		
Director of Nursing/Manager	86	8.7
Registered Nurse	161	16.4
Supervisor Nurse	54	5.5
Enrolled	81	8.2
Nursing Assistant	266	27.1
A/Supervisor, multi-sikilled care, carer	157	16.0
Therapist	88	9.0
Domestic/Admin staff, other	87	8.8
Missing	3	.3

Table 4 Staff education and training

Variable	Frequency (n=983)	Percent
Education		
Left school before year 12	308	31.3
Completed year 12	153	15.6
Hospital certificate	205	20.9
Diploma or certificate from TAFE	148	15.0
University Degree	113	11.5
Postgraduate qualification	45	4.6
Missing	11	1.1
Have you completed any aged care related course?		
No	414	42.1
Yes	536	54.5
Missing	33	3.4
Attended lectures/talks within the facility.		
No	91	9.3
Yes	800	81.4
Missing	92	9.4
Do you feel you have adequate opportunities to attend ongoing education in work time?		
No	293	29.8
Yes	660	67.1
Missing	30	3.1
Are there any other areas of professional development relevant to your current work that you would be interested in?		
No	377	38.4
Yes	485	49.3
Missing	121	12.3

STATISTICAL ANALYSIS

Factor structure and reliability

Since the MJS was originally developed for community nurses, the dimensions of job satisfaction derived from community nurses may not be stable when it is applied in the residential aged care setting. Literature also indicated that Q7, Q9, Q29 and Q30 shifted in factor structure in different sampling groups (Traynor and Wade 1993). According to the literature, Q6, Q7, Q8, Q16 and Q30 also cross loaded on two different factors. Therefore, to ensure the reliability and validity of the measurement instrument, it was necessary to reassess the factor structure for this sample group. In order to do so, an exploratory factor analysis was firstly conducted using SPSS 8.0. Based on the exploratory factor analysis Q1, Q3, Q6, Q7 and Q9 were shifted away from the factor of personal satisfaction, to form a new factor named standard of care. In addition, Q23, Q24, Q25 and Q26 were also shifted away from the factor of professional support to form a new factor called teamwork. Q1 and Q16 cross loaded on two different factors and therefore were excluded from further data analysis. Other factor structures are similar with the previous study (Traynor and Wade 1993). A confirmatory factor analysis (CFA) was then performed using LISREL-8 (Jöreskog and Sörbom 1996). Q27 and Q29 were then deleted from CFA. The contribution of each item to the latent trait (the composite) was then weighted based on the results of the factor score regression (see Table 5). Seven composites were created based on this process (see Table 5). The internal consistency of MJS was assessed using Cronbach's alpha coefficient. The range was 0.767 to 0.924.

Table 5 The dimensions of job satisfaction

Composite	Item	Item Weights	Cronbach's alpha
1. Personal satisfaction	Q2	0.180	0.862
	Q4	0.266	
	Q5	0.193	
	Q8	0.229	
	Q10	0.133	
2. Satisfaction with workload	Q11	0.244	0.900
	Q12	0.131	
	Q13	0.230	
	Q14	0.246	
	Q15	0.101	
	Q17	0.048	
3. Satisfaction with teamwork	Q23	0.157	0.863
	Q24	0.324	
	Q25	0.379	
	Q26	0.140	
4. Satisfaction with training	Q34	0.254	0.868
	Q35	0.555	
	Q36	0.141	
	Q37	0.051	
5. Satisfaction with professional support	Q18	0.225	0.924
	Q19	0.286	
	Q20	0.287	
	Q21	0.113	
	Q22	0.089	
6. Satisfaction with standard of care	Q3	0.309	0.767
	Q6	0.194	
	Q7	0.219	
	Q9	0.278	
7. Satisfaction with pay and prospects	Q28	0.133	0.820
	Q30	0.206	
	Q31	0.436	
	Q32	0.187	
	Q33	0.038	

Modelling

To explore the underlying relationship between the various profiles and staff satisfaction, Structural Equation Modelling (SEM) will be adopted (Jöreskog and Sörbom 1996). SEM is “a collection of statistical techniques that allow examination of a set of relationships between one or more independent variables and one or more dependent variables” (Ullman 1996). (NOTE: The preliminary results will be presented at the conference.)

As noted earlier, information from the study will serve as a basis for the better understanding of staff job satisfaction. By targeting on relevant staff factors, it is expected that a better outcome may be achieved in terms of resident satisfaction and quality improvement. This will also assist in the development of appropriate strategies for improving care process in aged care settings. The information obtained from this study will be useful for aged care program evaluation, especially in process and outcome evaluation. This study is thus particularly important in the current climate of quality improvement and accreditation within residential aged care services in Australia.

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