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Care workers' perspectives of factors affecting a sustainable aged care workforce

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Care workers' perspectives of factors affecting a sustainable aged care workforce

Abstract

Aims: To identify the reasons why workers decide to enter, stay or leave the aged care workforce; and the factors influencing them to transition between community and residential sectors in Australia.

Background: Factors affecting the recruitment and retention of suitable care workers in aged care are complex and influenced by personal, institutional and societal factors.

Methods: A qualitative description study design.

Results: In total, 32 staff participated in the study. Five main themes were identified: entering aged care with a passion for the job; entering aged care as it is the only employment option; factors attracting care workers to stay in aged care; factors influencing care workers to leave the job; and preferring to work in residential aged care rather than community aged care.

Conclusion: Issues relating to the attraction and retention of aged care workers are influenced by personal, institutional and societal factors. Critical shortages in the aged care workforce makes the industry more susceptible to crises like COVID-19 outbreaks.

Implication for nursing practice: Aged care organisations need to create a positive psychosocial work environment for staff to improve the attraction and retention of skilled care workers. They also need to develop staff recruitment guidelines to ensure care workers with the appropriate skills and training and a passion for working with older adults are selected. Staff development programs need to focus on learning activities that enable staff to build peers support in the work environment.

Implications for health policy

There is a need to mandate curriculum to enable nursing students to receive more gerontological education and exposure to aged care throughout their education. Aged care quality standards need to mandate transition support for new graduate nurses.

Key words: Aged care, care workers, COVID-19 outbreak, leadership, recruitment, retention, work environment.

Introduction

Globally, the number of older adults aged 65 or over reached 703 million in 2019 and this figure is expected to double by 2050 (United Nations, 2020). Moreover, older adults aged 80 or over, are the main users of aged care services and their numbers are estimated to triple from 143 million to 426 million between 2019 and 2050 (United Nations, 2020). These demographic changes predict a greater demand for aged care workers. In this paper, aged care includes residential aged care (or institutionalised care/nursing home care) and community aged care (care services that are provided in the homes of older adults). In this paper, the term "care workers" refers to both registered staff, i.e. registered nurses (RNs) and enrolled nurses (ENs; equivalent to an Associate Degree in nursing), and non-registered staff, i.e. personal care assistants, lifestyle coordinators and physiotherapist aides. Studies across the globe show consistently that attracting skilled care workers, especially RNs who lead aged care practice, is a challenge (Garbrah et al., 2017; Berta et al., 2018). Aged care organisations are experiencing a chronic shortage of staff worldwide (World Health Organization, 2015). Recently, the use of international nursing students to fill rosters in Australian residential aged care homes to cope with workforce shortages during the COVID-19 pandemic (Department of Health, 2020) supports the urgent need to address this issue. Furthermore, the number of older adults who want to remain living and cared for in their own homes for as long as possible is increasing (Australian Productivity Commission, 2011). Therefore, community aged care services are in high demand (World Health Organization, 2015; Jarrin et al., 2019) and it is anticipated that more care workers will be needed within this setting in the future.

Background

Attracting skilled care workers to aged care to meet the care needs of older adults is challenging for countries with an ageing population (Hodgkin et al., 2017; Sherman et al., 2017). Factors affecting the recruitment of suitable care workers are complex and they are derived from personal, institutional and societal factors (Garbrah et al., 2017; Matarese et al., 2019). In many countries, universities are the main sources of supply of RNs who lead aged care practice in the skill-mixed setting (Garbrah et al., 2017; Backhaus et al., 2018). However, a large nationwide survey study with nursing students in Italy found that working with older adults was the least preferred career choice for most students across all year levels (Matarese et al., 2019). Differences were highlighted between subgroups of students, with older students and those from a migrant background being more likely to choose to work in the sector. In an 8-year longitudinal study of Australian nursing students' responses for placement choices in aged care, only 17% (n=104) of 607 responses were related to requests for placement in aged care (Lea et al., 2018). These studies indicate that students' personal experience in the care of others and their career planning have a strong influence on their choice to work in the sector. Studies also revealed ageism in society, failure to incorporate age-friendly curriculum in gerontological nursing education and poor practice experiences in aged care placements, all of which contribute to the lack of attraction for nursing students to work with older adults (Garbrah et al., 2017).

High staff attrition rates in the aged care sector are widely reported. In a large survey study of Swiss nursing homes, the intention to leave rate among care workers was 56% (Gaudenz et al., 2019). This finding resonated with a large nationwide survey of nurses in Norway employed in nursing homes and community care settings, where only 50% wanted to stay, 25% intended to leave and the remaining 25% were uncertain (Bratt et al., 2018). An unfavourable work environment is viewed as a main contributing factor in attrition, related to heavy workload,

psychological and emotional stress, unrealistic time to complete care activities, working in isolation, poor organisational support and lack of education and training (Hodgkin et al., 2017; Costello et al., 2019). Care workers in this environment show poor health and wellbeing, perceived burnout and low level of job satisfaction (Perry et al., 2017; Costello et al., 2019).

Strong leadership in the aged care workforce has been found to contribute to staff intention to remain (Gaudenz et al., 2019; Lundgren et al., 2019). Among different types of leadership, authentic leadership was considered desirable and identified as "those who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others' values/moral perspectives, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and of high moral character" (Avolio et al., 2004, p. 4). A study by Fallatah and colleagues (2017) in Canada revealed authentic leadership was associated with low job turnover rate and an increased occupational coping level in new graduate nurses. In a large survey study across residential aged care and community care in Sweden, positive staff perceptions were associated with first line managers' leadership and their work environment (Lundgren et al., 2019).

Our study was conducted within Australia. There were 366,027 direct care workers employed in the Australian aged care sector in 2016 and this number will need to triple by 2050 to meet the care needs of older Australians (Mavromaras et al., 2017). Care workers in Australia are required to be flexible by working across residential and community care settings to optimise the workforce (Australian Productivity Commission, 2011). Despite the resulting pressing policy issues, studies on care workers' perspectives on factors affecting the flexibility of the aged care workforce are scarce.

Aim of study

The aims of this study were to identify the reasons why workers decide to enter, stay or leave the aged care workforce and the factors influencing them to transition between the community and residential sectors.

Methods

Design

A qualitative description design using semi-structured interviews with thematic analysis was applied to the study. This research design was utilised as it is recognised for its close description of participants' experiences and perceptions through researchers' interpretation of qualitative data collected via interviews and/or focus groups (Doyle et al., 2019). The study reported here was part of a larger project using a sequential mixed methods design. The findings of the qualitative strand were utilised to inform questionnaire development for a discrete choice experiment study undertaken with the same study population.

Participants and setting

Participants were direct care workers employed by three large sized and not-for-profit aged care organisations. These organisations provided both residential and community aged care services for older adults in multiple sites in the state of South Australia. The inclusion criteria were: employed in various occupations including RNs, ENs, allied health professionals, personal care assistants in residential and/or community care settings; and having at least one-year work experience in a full or part–time position. Exclusion criteria were: casual staff, agency staff and staff who did not provide direct care to clients. Researchers (AH and CG) attended staff meetings to introduce the

study to care workers. Care workers who were interested in the study were encouraged to contact the researcher (CG) by phone, text message or returned a response sheet via a prepaid and pre-addressed envelope. Then the researcher (CG) made contact with potential participants, clarified their eligibility and arranged a mutually convenient time for an audiotaped interview.

Data collection, analysis methods and study rigour

Data were collected between January and May 2017 via face-to-face in-depth interviews with participants. Semi-structured questions developed from a comprehensive review of the literature were used to collect data (see Table 1). The interviews were of 60 minutes duration on average and were held at a mutually convenient location and time. The interviews were recorded and transcribed verbatim for data analysis. The researcher took field notes to reflect on interviews. The thematic analysis described by Nowell and colleagues were applied to identify themes and subthemes (Nowell et al., 2017). The interview transcripts were entered into a computer-assisted qualitative data analysis program (NVivo) for data management and for facilitating coding and analysis. Each transcript was coded by two qualitative researchers in the team independently (CG, LX and AH) and the codes were reduced into group codes based on similarities and differences. Regular meetings were conducted to discuss the relationships between the group codes and study aims. Each qualitative researcher in the team carefully reviewed themes, sub-themes and supporting excerpts independently and elaborated their thoughts on findings in team meetings. The team facilitated rewording of the themes and sub-themes with members cross-checking final findings. The data collection and analysis methods described above complied with credibility, dependability, confirmability and transferability for qualitative research (Lincoln et al., 1985).

Ethical considerations

The study was approved by the Social and Behavioural Research Ethics Committee at Flinders University, Australia (approval number 7294). Research information packs were distributed to potential participants by the research team. Informed consent was discussed with participants prior to interview. Participants were also reassured of the confidentiality of the information they shared with the researchers. Written consents were obtained from participants.

Findings

In total, 32 staff from three aged care organisations participated in the study and 34% of them were RNs or ENs. Of those participants, 28 worked in residential care homes (including 10 who worked in both residential and home care). Four staff worked in home care only. The majority of participants (89%) were female. The mean age of participants was 46.9 years and mean work experiences in aged care was 9.8 years (see Table 2 for more detail). Five main themes were identified: entering aged care with a passion for the job; entering aged care as it is the only employment option; factors attracting care workers to stay in aged care; factors influencing care workers to leave the job; and preferring to work in residential aged care rather than community aged care. These themes and sub-themes are discussed in detail in the following sections and additional excerpts are presented in Table 3. Abbreviations used in quotations to distinguish between care roles are: RN (registered nurse), EN (enrolled nurse), PCA (personal care assistant), LC (lifestyle coordinator) and Physio (physiotherapist aide).

Entering aged care with a passion for the job

Participants who made a conscious decision to work in aged care described their passion for the job:

> It's just a feeling inside me. I love helping people. I just love it a lot and that's something that gives me satisfaction when I help especially elderly (Interview 24, PCA).

> I do like working with the older people… I think it gives you a deeper sort of valuing of life and how little things can be just as important as big things in people's lives (Interview 32, PCA).

It was evident that a passion for working with older adults motivated individuals to choose aged care as a career. Furthermore, experiences of initially working in an ancillary role within the sector sometimes nurtured participants passion to work with older people:

> I started in the kitchen after school when I was fourteen [years old]. I had a short break so I've probably done about thirty-five years in aged care all up. …I've got living history to learn from. I've got cooking tips, washing tips, budgeting tips. I've got everything I need (Interview 1, EN).

In this instance, older adults were seen as a source of knowledge and their lived experiences were highly valued for staff to gain personal and professional growth.

Entering aged care as it is the only employment option

The aged care sector competes with other sectors in the job market. For example, a RN mentioned that working in aged care was not her first choice and she entered the sector following a lack of success in securing preferred work in an acute care hospital:

> Frankly speaking it was only the job opportunity because at this stage it's very hard to get a job in the hospitals without any experience (Interview 28, RN).

Some RNs and ENs (see Table 3) chose to work in aged care as they were unable to gain enough working hours in an acute care sector:

> When I finished my nursing, I got a job with an agency and I started going to hospitals because I thought I always wanted to work in a hospital. Anyway, I went and got only some hospital shifts. So then I came here and I got in to aged care (Interview 7, RN).

Aged care was also not the first choice for some unregistered care workers. As they stated:

> I couldn't find another job. I never finished Year 12, only went as high as Year 9 and I thought well aged care it's a job (Interview 15, PCA).

These examples indicated that the aged care sector was less competitive in attracting highly skilled care workers compared to the acute care sector. The aged care sector may also fail to retain its workforce when the demand for in acute care is higher. Moreover, people entering aged care via this approach may be lacking a passion for working with older adults compared to those who choose to work in aged care as their first choice.

Factors attracting care workers to stay in aged care

Career development opportunities, social bonds with clients and colleagues, financial sustainability, flexible shifts and hours, and paid education and training opportunities were described as factors attracting staff to stay in aged care (see Table 3). Participants described that incentives via Government policies and funding allocations played a key role to enable them to develop their career; this supported the decision to stay in aged care:

> Previously, I was a carer for thirteen years. XX [an organisation] actually puts me through my enrolled nursing education. It was called Skills for Jobs that to do with the government. I'm the

enrolled nurse now. I'm also the continence nurse and champion for the dementia excellence program (Interview 29, EN).

The employer-sponsored career advancements funded by the Government were perceived as rewarding by the staff and contributed to a win-win situation for staff and the employer. Education and training opportunities were attractions for staff to stay:

I'm continually getting opportunities to train. The benefits are it gives me the opportunity to manage a team, to continually plan and improve quality elements like how we are caring for our residents (Interview 02, LC).

This example revealed that portfolio-based education and training enabled career development and leadership development for staff.

Social bonds with team members, managers and supervisors encouraged them to stay:

Like I say I've never worked anywhere else but here. … you can go there any time and talk about anything with our manager. She's awesome. The care coordinators and the RNs are very approachable as well (Interview 4, PCA).

In this instance, the influence of the manager and supervisors on staff to stay was achieved through the provision of approachable support for staff.

Rapport with clients was also an important factor for staff to stay:

You know sometimes you just do something little and somebody's just very appreciative and you just see that and you're like oh my God I've completely changed their lives and you actually love what you do (Interview 07, EN).

This example also revealed that rewards derived from client interactions reinforced staff passion for working with older adults and encouraged staff retention.

Factors influencing care workers to leave the job

Participants perceived that poor management and inadequate staffing levels were the main sources of stress they experienced in the workplace and influenced their intention to leave the job. Participants reported that managers who lacked nursing care knowledge made their day-to-day work difficult:

> The manager who is not from a nursing background tries to tell us how to handle things on the floor when he doesn't have a clue (Interview 18, PCA).

Participants were disempowered by a lack of recognition in the workplace:

> [The manager shows] no recognition how hard we try and how best we are, [but] too much bitchiness no matter how good you perform in your shift (Interview 20, PCA).

Participants perceived a lack of interactions with managers:

> Sometimes I find it quite stressful that management in my opinion don't do walkabout and get to know their staff (Interview 11, PCA).

In those situations, teamwork and team cohesion, which were two crucial conditions in quality improvements, were less likely to form. Staff also perceived poor management decisions regarding providing adequate staffing:

> There was probably ten days in a [month] row where our team started work short staffed. …if the agency girl or boy is replacing somebody's shift, doing a 7 [am] to 3 [pm] that agency only does a 7 [am] to 11 [am] or an 8 [am] until 12 [pm] and so the other four hours you're working short staffed (19 PCA).

In this situation, to address staffing issues required changes to leadership and management practices.

Staff also perceived the lack of support for new graduate nurses:

We have a girl [a new graduate nurse] here now. We noticed the last couple of weeks she's starting to take sick leave. This is her fourth month and I think she's already starting to feel the strain because she's starting to have days off because it's really hard work. … unless you are really good at time management and you really have to know the residents and know what you're doing otherwise you just don't get it done (Interview 16, RN).

Sick leave was attributed to work-related stress and new nursing graduates were at particular risk of experiencing high levels of stress due to their defaulted leadership and management role in a skill-mixed team and the lack of mentoring support to transition them into the aged care work environment.

Preferring to work in residential aged care rather than community aged care

Most participants mentioned that the nature of home care including travelling, domestic work, working in isolation and safety concerns discouraged them from working in this setting (see Table 3). Some participants did not like to travel or could not drive:

I didn't go into home care because I just can't get to those places and travelling is so hard (Interview 15, PCA).

Personal care assistants disliked undertaking domestic work that was assigned to them:

I found a lot of the times I was vacuuming and cleaning their bathrooms…I felt like I wasn't nursing as such I was becoming more domesticated (Interview 30, PCA).

In the home environment, they also worried about that they might be falsely accused of wrongdoing:

I think the only way I would transition if I was working with a partner, at all times cover yourself because you might get accused of stealing (Interview 21, PCA).

Staff mentioned the lack of team support in the home care setting was a reason for them not to choose to work there:

> If you could work in pairs it would be much better because you've got somebody to bounce ideas off, you're not the sole person making a decision for something that might arise. In [residential] aged care you work in pairs a lot of the time so you've always got somebody (Interview 11, PCA).

Moreover, participants perceived they were less able to build rapport with home care clients compared to those living in the residential care settings due to the home visit scheduling and subsequent time pressures:

> I didn't like not getting to know the client. I like residential care I get to know the client really well…Community care you don't. It can be brief and rushed because you've got too many clients and a deadline to get to (Interview 1, EN).

Participants who had considered transitioning from residential care to home care discussed their expectations of education and training:

> I can't give medications at the moment so I would need more training to do medications and stuff like that (Interview 18, PCA).

It was evident that the lack of education and training to enable the increased responsibility for personal care assistants to administer medications prevented them from working in the home care setting.

Discussion

Our study revealed at least two noticeably different routes to entering aged care: entering aged care with a passion for the job and entering aged care as it is the only employment option. More

importantly, these different mindsets at commencement may contribute to variations in the quality of care provided and client outcomes. A previous study indicates that staff with a passion for working with older adults are more capable of building rapport with clients (Lung et al., 2016). Rapport enables staff to be sensitive to clients' individualised care needs, including those with dementia, and contributes to improved wellbeing for clients (Lung et al., 2016; Fazio et al., 2018). On the contrary, staff who enter aged care without a passion for working with older adults may not be able to achieve the same level of rapport with clients and this could affect the quality of care and wellbeing of clients.

Our findings concur with previous studies that reduced attrition is related to a positive work environment where staff gain support from team members, supervisors and managers, and where they have education and career development opportunities (Eldh et al., 2016; Vassbo et al., 2019). The lack of support for new graduate nurses identified in our study is in agreement with previous research suggesting that transition programs and mentoring support for this group of nurses are necessary (Willetts et al., 2017; Liao et al., 2019). Our study suggests that employer-sponsored education funded by government enable staff to develop their careers and contribute to retention. Moreover, staff expect paid education to develop their leadership and teamwork skills. Our study also identifies that managers who possess poor knowledge about aged care and related staff issues do not provide effective leadership that helps reduce staff turnover (Fallatah et al., 2017). Education and training for managers has been demonstrated to improve self-awareness of their role and responsibilities, including leading by example and developing positive engagement and relationships with staff (Dewar et al., 2019). However, opportunities for training and career development are limited as aged care is poorly funded resulting in a working environment where staff are often casual workers and have to work across multiple residential aged care homes to gain

sufficient work hours (Mavromaras et al., 2017). Staff working across multiple facilities have contributed to the high COVID-19 infection and death rates experienced in Australian nursing homes (McCauley et al., 2020).

Our findings reveal various reasons that contribute to staff resistance to transition from residential care to community aged care ranging from travelling issues, undertaking domestic work, working in isolation and scope of practice issues. Our study supports previous research indicating that working alone in community aged care settings is a factor for lower job satisfaction, greater intention to leave the job and staff expectations of the need for more support from supervisors and team members (Savy et al., 2017). Personal care assistants in our study also indicated that they do not want to work in the community aged care setting because they are not allowed to administer medications due to their role and educational background. The finding supports previous studies in aged care homes in Sweden and Australia where RNs delegation of medication administration to unlicensed personal care assistants is perceived as controversial to the regulation on RNs' practice and is associated with more medication-related deaths (Craftman et al., 2016; Jokanovic et al., 2019).

This study has limitations. First, as a qualitative study, the findings cannot be generalised, but can be applied to similar social contexts. Second, participants were self-selected. Therefore, the findings may not represent the views of those who decided not to participate in the study. Third, participants were from three not-for-profit aged care organisations. Hence, the findings may not represent care workers employed by other types of aged care organisations, for example, private for profit or government-owned organisations. In addition, the use of interviews in data collection may be associated with receiving socially desirable answers from participants, for example, regarding their passion for working with older adults.

Implications for nursing practice

The shortage of care workers in aged care is a global issue. Our findings have implications both locally and for the international community. Aged care organisations need to develop staff recruitment guidelines to ensure care workers with the appropriate skills, training and a passion for working with older adults are selected. Staff development programs need to focus on learning activities that enable staff to build peer support in the work environment. Moreover, creating positive psychosocial work environments, providing adequate staffing levels, developing RNs management in leading aged care practice, and offering paid education and training and mentorship opportunities for staff are recommended.

Implications for health policy

Without policy intervention, the shortage of care workers in aged care in a global context will worsen considering the rapidly ageing population. There is a need to mandate curriculum to enable nursing students to receive more gerontological education and exposure to aged care throughout their education. Aged care quality standards need to mandate transition support for new graduate nurses.

Conclusion

Issues relating to the attraction and retention of aged care workers and the transition of working between residential and community care settings are complex and influenced by personal, institutional and societal factors. Addressing those issues needs collective actions among policy makers, education providers and aged care organisations.

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Authorship Contributions

LX, AH, KM, JR, SM, LI designed the study

CG collected the data.

LX, AH, CG analysed the data.

AH, LX supervised the study.

LX wrote the manuscript.

AH, KM, JR, SM, LI, CG critically reviewed and revised the manuscript.

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Table 1. A guide for semi-structured interview

Questions
Objective 1: to identify the reasons why workers decide to enter, stay and leave the aged care workforce: 1. What is your current role in aged care? Have you had any previous jobs in aged care? Have you worked long in the sector? Tell us about your choice to work in the aged care sector? 2. If you were given choice to work in the aged care sector and/or another sector, would you still choose to work in aged care sector? Why? 3. Do you plan to continue working for a long time in aged care? Why? If not why not and what would be needed to be put in place for you to make you change your mind? 4. Can you tell me about achievements you feel you have made in your work? Can you tell me about any difficulties you have experienced in your work? 5. Is there anything about your work that you find stressful? 6. How would you describe your relationship with the older people you care for? 7. Can you describe your relationship with management at your workplace? 8. Have you undertaken any education or training since starting working in aged care? Is there any additional training that you feel you need for your work? 9. Can you tell me what qualities people need to provide high quality care for residents or clients in aged care? Can you tell me what you believe are good qualities needed for people to work in teams? 10. Can you describe what a good organisational culture would look like? Why? Are the values of an organisation important? Why? Objective 2: and the factors influencing them to transition between the community and residential sectors. 1. What advantages and benefits has the aged care sector given you? 2. For those working in the residential care setting: 2.1. Why did you choose to work in the residential care setting, rather than the community care setting? 3. For those working in community care setting: 3.1. Why did you choose to work in the community care setting, rather than residential care setting? 4. For those who have worked in both community care setting and residential care setting: 4.1. Why did you choose to work in both settings? 4.2. What are the main differences between these two settings? 4.3. Which setting do you prefer and why? 4.4. For those working in either community or residential care setting – would you be happy/confident in transitioning between settings. If not confident but would like the opportunity to do this - what additional training/skills would make you more confident about your abilities to make this transition more easily?

Table 2: Demographic information of participants (n=32)

Category	Results
Gender: n (%)	Female=26 (81) Male=6 (19)
Age: Mean (SD; range)	46.9 years (SD=13; range 23-67)
Experience in aged care: Mean (SD)	9.8 years (7.5)
Care settings: n (%)	Residential care homes=28 (87.5) 10 of the 28 staff (31.3) working between residential care homes and home care Home care only=4 (12.5)
Staff categories	Registered nurse=5 Enrolled nurses=6 Personal care assistants=18 Lifestyle coordinator=3 Physio aide=1

Table 3: Themes, sub-themes and excerpts

Themes	Sub-themes	Excerpts
Entering aged care with a passion for the job	1.The job is right for me	"It gives you some gratification to see the person on the other end smiling or doing something. It's just wonderful." (Interview 11, PCA).
	2.Valuing older people's experiences	There's a world of experience there, these people (clients) are amazing (Interview 1, EN).
Entering aged care as it is the only employment option	1.Cannot find other job	"I couldn't find nothing else that suited me. I didn't do a great deal in school." (Interview 15, PCA).
	2. Cannot get enough work hours in acute care settings	When I got my enrolled nurse qualification I actually got work three days a week in a doctor's surgery… Yeah I do really enjoy working in aged care but having said that I wouldn't say no to any other sector really…I quite like hospital work (Interview 10, EN).
Factors attracting care workers to stay in aged care	1. Career development opportunities	So I still worked cleaning and then the XX [an organisation] paid for me to do this [lifestyle coordinator] course which I absolutely loved and that was I threw the cleaning trolley away and started off and then for the next ten years I was running a program (Interview 17, LC). Advantages and benefits have been to very quickly move up through the organisation. (Interview 02_LC).
	2. Social bonds with team members	"My mum got quite sick and passed away. So being one of the oldest I needed to work so I went and worked in aged care as a carer. I was there for four, five years I think and I got quite close with one of the clinical nurses there and she said you should go back and study part time [in nursing]. … now I'm a clinical nurse here" (Interview 8, RN). "I think having a very small team working with me all the time you build up really good relationships and we do work really well as a team and I think that's what makes the work really rewarding as well" (Interview 6, RN).

		"It's good to be able to have that really good working relationship with her [a manager] and with the other managers here. …They know what's going on, they know how to help me and they help me through it (Interview 09_LA).
	3.Financial stabilities	"Probably stability and knowing that you've got those shifts, regular shifts, regular hours" (Interview 4, PCA).
		"Pay wise I would say good, I wouldn't say it's excellent," (Interview 6, RN).
	4.Enbracing education and training	"And the benefits are the amount of learning you do. It's unbelievable but it's so good. Some of the stuff I've learnt here I'd never learn anywhere else" (Interview 15, PCA).
		"They sort of encourage you to do this training by saying we'll pay you an hour for every module that you do" (Interview 30, PCA).
	5.Flexible shift and hours	Moreover, flexibility of work dates and shifts were mentioned as incentives for participants: "I only wanted to work weekends, at the time my husband was working full time and I wanted to be home with the children so that's how it all started" (Interview 8, RN).
	6.Gaining trust from older people	"It's all about earning their trust because when they can't move anymore and that if they see you as a kind person and that you'll do what they want then you've earnt their trust (Interview 04_PCA).
Factors influencing care workers to leave the job	1.Poor management	"He doesn't understand and we do try and talk to him and it's just no help at all and he basically leaves you to fend for yourself. I think that's what I've found probably the hardest thing" (Interview 18, PCA).
		"They sit in their office. They don't come to the lunch room and have a coffee or their lunch with us. They isolate themselves and to me that divides the team" (Interview 11, PCA).

	2.Heavy workload	"I don't sit down until I go home, from the time I get out of my car every morning until the time I clock off at 3:15 [pm] I don't get time to sit down" (Interview 4, PCA).
Preferring to work in residential aged care rather than community aged care	1.Concerns about the nature of home care	"I used to travel quite a lot of kilometres per shift which you did get paid for, but it was wear and tear on your car. I also carried equipment in my own car so it destroyed your car" (interview 29, EN). "I was getting quite stiff and sore, house after house after house "(Interview 30, PCA).
	2.Less likely to build rapport with clients	"You don't know the environment. I didn't like it as much. You can't give individual care when you don't know the person as an individual so I don't like community care as much" (Interview 1, EN).
	3.Education and training to help the transition	"I'd like to get some [training] if I was going to work in a community. I'd like to know how it all works, what's the best way of doing things, I mean yes I would need more training, absolutely (Interview 22, EN).

RN =registered nurse, EN=enrolled nurse, PCA=personal care assistant, LC=lifestyle coordinator, Physio =physiotherapist aide.

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:
Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	6-7
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	Title page
3. Occupation	What was their occupation at the time of the study?	Title page
4. Gender	Was the researcher male or female?	N/A
5. Experience and training	What experience or training did the researcher have?	Title page
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	6-7
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	6-7
8. Interviewer characteristics	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	6-7
Domain 2: study design		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	6-7
Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	6-7
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	6-7
12. Sample size	How many participants were in the study?	8
13. Non-participation	How many people refused to participate or dropped out? Reasons?	N/A

Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	6-7
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	N/A
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	8 & Table 2
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	7 & Table 1
18. Repeat interviews	Were repeat inter views carried out? If yes, how many?	N/A
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	7
20. Field notes	Were field notes made during and/or after the interview or focus group?	7
21. Duration	What was the duration of the inter views or focus group?	7
22. Data saturation	Was data saturation discussed?	N/A
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	N/A
Domain 3: analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	7
25. Description of the coding tree	Did authors provide a description of the coding tree?	7
26. Derivation of themes	Were themes identified in advance or derived from the data?	7
27. Software	What software, if applicable, was used to manage the data?	7
28. Participant checking	Did participants provide feedback on the findings?	N/A
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	8-14 & Table 3
30. Data and findings consistent	Was there consistency between the data presented and the findings?	9-14
31. Clarity of major themes	Were major themes clearly presented in the findings?	9-14 & Table 3
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Table 3