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Care Worker Wellbeing & Zero-Hours Contracts

Introduction

Working conditions can negatively affect employee wellbeing (e.g. Marmot et al., Rosengren et al., 2004). As such the UK Health and Safety Executive developed and released a set of Management Standards to assist organisations to effectively manage stress in the workplace. These management standards are a set of conditions which, if satisfactorily met, reflect high levels of health, wellbeing and organisational performance. The standards are split into six areas (i.e. potential stressors):

- Demands – workload, work patterns, working environment.
- Control – how much say a person has in doing their work.
- Support – Split into Peer support and Managerial support.
    - *Peer Support*: encouragement, sponsorship and resources provided by colleagues.
    - *Managerial Support*: support provided by the organisation and the line management.
- Relationships – includes promoting positive working to avoid conflict and dealing with unacceptable behaviours.
- Role – whether people understand their role in the organisation, and whether the organisation does all it can to ensure they do not have conflicting roles.
- Change – how organisational change (large or small) is managed and communicated in the organisation.

Alongside these management standards the Health and Safety Executive also released a management standards indicator tool (MSIT). The MSIT has been successfully used alongside measures of perceived stress (Houdmont et al., 2012), burnout (Ravalier, McVicar, & Munn-Giddings., 2013) and employee engagement (Ravalier, Dandil, & Limehouse, 2015) and in a variety of occupations. However, it has never been used to assess psychosocial stress within a population of care and support workers, which is a particularly under-represented occupational group in academic research.

There has been an increase in media and political interest in the use of zero-hours contracts which have been described as 'exploitative' (Elliott, 2016) and the leader of the UK labour party has argued that use of them should end (Beattie, 2016). Indeed, they have been banned from use in New Zealand (Roy, 2016). However, there is no academic evidence demonstrating the negative impacts of zero-hours contracts despite their wide-spread use. Furthermore, despite calls for 'fair pay and conditions' for social care workers (The Guardian, 2015), the CIPD (2013) demonstrate that 60% of all healthcare organisations utilise zero-hours contracts, with a further 29% of all employers expecting these employees to accept work when and if it is offered to them (The Work Foundation,

2013). Indeed while 50% of care workers had zero-hours contracts in 2008/09 the number increased to 60% by 2011/12 (The Work Foundation, 2013), and it is assumed that even this is an underestimate. Additionally, there is a complete dearth of information regarding wellbeing of care/support workers in the UK.

This project therefore has two predominant aims:

1. To investigate the impact of working conditions on employee wellbeing in a sample of care and support workers.
2. To investigate employee perceptions of care work and zero-hours contracts, and how each of these areas can be improved.

Methods

Participants

Participants all worked in the care/support industry, with 198 responses (response rate: 22%) to the survey. Of these 160 were care/support workers and 27 were supervisory or management level, with the remaining being administrative staff (average age: 45, average length of employment: 5 years, 3 months). 71 (35.8%) were on zero-hours contracts, 73 (36.9%) were full time and 47 (23.7%) were part time workers.

Table 1: Break down of demographic statistics for respondents in the project.

	Contract Type		
	Full Time	**Part Time**	**Zero-Hours**
Number of Respondents	73 (36.9%)	47 (23.7%)	71 (35.8%)
Average Age	43	45	48
Average Months Employed	72	75	50

Following completion of survey data collection, 39 semi-structured interviews were conducted with care workers. The average length of interview was 41 minutes, with a range of 32 minutes through to 68 minutes.

Methods

Phase 1 (survey) consisted of questionnaires with additional demographic questions. Each of these tools has been used alongside each other in previous studies (e.g. Ravalier et al., 2015; Houdmont et al., 2013). The survey tools used were:

1 Management Standards Indicator Tool (MSIT; Cousins et al., 2004): a measure of psychosocial working conditions released by the UK health and safety executive.

2. *Utrecht Work Engagement Scale (UWES; Schaufeli and Bakker, 2003):* investigates how immersed in work employees are. It can be used to assess levels of engagement among individuals and groups.

3. *General Health Questionnaire (GHQ; Goldberg et al., 1997):* assesses general mental wellbeing. The GHQ has been widely used to investigate general levels of wellbeing among groups.

A series of qualitative interviews were also conducted with self-selecting participants. The interview schedule was iterative, with questions based on survey findings or previous interviews. This data collection and analysis procedure continued until saturation was reached, and no new themes emerged.

Procedure

Care organisations were contacted and those which agreed to take part then worked with Dr Ravalier in order to disseminate the survey tools to staff. Hard copies of the survey were printed and put into stamped addressed envelopes for return to Dr Ravalier at Bath Spa University in order to ensure confidentiality of response. The hard copies were then delivered to management at the organisations for dissemination in whichever way they thought

would ensure highest participation levels. For online participants a standardised email was provided to management to then be passed onto staff. In both the hard copies and at the end of the online survey participants were asked to take part in the second phase of study, individual interviews. The first 39 respondents were chosen for study (see below for analytical strategy), and were transcribed verbatim. Ethical approval was gained from the Bath Spa University research ethics committee.

Results: Employee Surveys

Descriptive Statistics

We calculated average scoring on each of the seven MSIT factors and three UWES factors, as well as average total UWES score and total GHQ score. Table 2 demonstrates these scores, as well as HSE suggested scoring on the MSIT, and low to high scoring on the UWES. Any scores on the GHQ-12 of above 36 indicate poor psychological wellbeing. The scores gained by participants are also separated by areas of interest in the study, employment type, and contract status.

Table 2: Average scoring and suggested scoring on each quantitative measure taken.

		HSE Suggested Scores			Scores by Employment Type			Scores by Contract Status		
					All Participants	Management	Care Workers	Zero-Hours	Part Time	Full Time
MSIT	Demands	3.29			3.54	3.28	3.58	3.57	3.57	3.45
	Control	3.72			3.43	3.85	3.34	3.31	3.36	3.61
	P. Support	3.89			3.49	3.49	3.50	3.49	3.53	3.45
	M. Support	3.65			3.87	3.85	3.87	3.85	3.79	3.92
	Relationships	4.04			3.73	3.79	3.72	3.82	3.62	3.71
	Change	4.31			3.70	3.84	3.69	3.62	3.60	3.84
	Role	3.24			4.52	4.48	4.53	4.57	4.51	4.48
		UWES Scoring								
		Low	Medium	High						
UWES	Vigor	3.20	4.80	5.60	4.33	4.28	4.35	4.55	4.03	4.32
	Dedication	3.00	4.90	5.79	4.80	4.80	4.83	5.02	4.60	4.76
	Absorption	2.75	4.40	5.35	4.10	4.15	4.12	4.32	3.88	4.09
	UWES TOTAL	3.06	4.66	5.53	4.39	4.39	4.41	4.61	4.14	4.38
GHQ-12 Total					23.75	24.30	23.68	23.10	25.04	23.47

These descriptive statistics demonstrate that on the demands, managerial support, relationships, change, and role factors care workers scored higher than that which is recommended by the UK health and safety executive. As such working conditions for care workers were good for each of these five factors. However, both control and peer support required improvement, and as such should be the focus of future improvements. However for each of the factors on the UWES, as well as the overall scoring on UWES, care workers scored 'low'. This means that care workers are not well engaged in their work. Despite this, GHQ-12 average scoring was not high for care workers. However, five individuals did score in the 'high' level for the GHQ-12, and this anonymised outcome has been reported to the participating organisations.

This pattern of results is different for those care workers with zero-hours contracts however. This group scored below the scores suggested by the HSE on control, peer support, relationships, and change, thus demonstrating need for improvement. They also had low overall scores on engagement, vigor, and absorption, although scored medium on the dedication factor. Lastly GHQ-12 scoring was below the cut off.

Inferential Statistics

An independent samples t-test was conducted to ascertain differences in scoring on each of the factors measured between those with zero-hours and those with full time contracts. Results have demonstrated that only scoring on

the 'control' MSIT factor differed across these two groups. Those with full time contracts scored higher (3.61) than those with zero-hours (3.31), thus demonstrating that those with full time contracts had better levels of control over their work. A t-test was also conducted to test differences between care workers and management on the outcome measures. Care workers were found to have significantly higher levels of demands (3.58) than management (3.28), and significantly lower levels of control (3.34) than management (3.43).

Table 3: hierarchical linear regression of wellbeing measures against the MSIT factors for care workers only.

Tool	Factor	Significantly Related Factors (IV)	Coefficient Estimate (B)	*T*	P	R^2	Adjusted R^2
UWES	Vigor	Role	.25	3.19	.002	.21	.29
		Relationships	.19	2.43	.016		
		Control	.17	2.24	.027		
	Dedication	Role	.38	4.94	.001	.21	.20
		Relationships	.17	2.21	.029		
	Absorption	Role	.34	4.14	.001	.18	.16
		Managerial Support	.21	2.34	.021		
		Demands	.19	2.19	.030		
	Total Score	Role	.36	4.62	.001	.20	.19
		Relationships	.17	2.19	.030		
GHQ-12		Relationships	-.27	-3.30	.001	.12	.12
		Role	-.16	-1.97	.050		

These results demonstrate that the MSIT factor 'role' is plays a significant part in the GHQ-12, each of the three factors on the UWES, and total UWES scoring. Within this sample of care workers therefore an understanding of the worker's role is clearly a key component in determining health outcomes and engagement at work. Furthermore relationships between individuals was a key significantly related in the vigor and dedication components of the UWES as well as overall UWES scoring, and GHQ-12 scoring. Finally control was found to play a part in the vigor component of the UWES, and demands in the absorption measure.

Results: Qualitative Interviews

A thematic analytical approach to the analysis of the semi-structured interviews was taken, following the procedure described in Braun and Clarke (2006). There was therefore an iterative approach to the design of the interview schedule.

Table 4: 'issues' associated with care work and zero-hours contracts.

	Main Theme	Subordinate Themes	Description
Care Work	Stressors	Poor pay and hours	Poor pay and hours worked (inclusive of travel) was the most readily-discussed stressor among all care workers on zero-hours contracts.
		Critical incidents	Critical incidents which can occur during the day, and in particular violent incidents, were a stressor.
		Insufficient time	Carers, particularly those in domiciliary care, felt that they had insufficient time to complete each of the activities required of them in their role
		Work-life balance	Working in care, and in particular the hours worked, led many to described a diminished work-life balance.
	Media influences	Misunderstanding of care work	Respondents described that the general public misunderstood the nature and important of their role, with negative media portrayal playing a part in this.
Zero hours	Issues with zero-hours contracts	Organisational fairness	Care workers described a worry of not being offered hours in future should they turn down hours offered to them.
		Whistleblowing	A particular issue discussed was a fear of speaking out against bad care provided by others for fear of persecution by management.
		Power relations	In a number of cases, the balance of power between employee and employer meant that employees felt 'forced' into taking hours at very short notice.
	Stressors	Unpredictable hours	A particular issue associated with zero-hours contracts was the lack of consistency in hours offered each week.

Three overarching negative themes were discovered from the outcomes of the interviews of care workers, and a further two relating to zero-hours contracts.

Care Work: Stressors

<u>Poor Pay and Hours</u>

A distinct stressor discussed by respondents was having poor pay for the work that they did, in addition to low and often differing hours each week. Participants therefore felt that they were low-paid despite undertaking an important and demanding job, with a lack of set hours making it difficult for individuals to be able to plan in the long-term.

> **Participant 2:** "To be fair I don't think you get enough, at the time I was getting six pound seventy five an hour, I mean I don't know whether you need to know that but you know, it's just an example to say you know, it's not that great"
>
> **Participant 3:** "I could do ten hours of work um but it's, that's, you only get paid for the actual work that you do you know, actually in someone's house, you don't get paid for all the mileage and I live in a rural area so I do hours of mileage"

Critical incidents

Critical incidents involving service users, especially those involving either violence or the death of a client, was a clear stressor. Therefore clients with mental health issues who were sometimes prone to bouts of violence or the passing of a terminally ill client were both described as being difficult to deal with emotionally.

> **Participant 6:** "it was difficult a couple of weeks ago cause someone else kicking off but they were like throwing things around and you know, scary things, you've got to make sure everyone else stays safe but then upstairs, then upstairs another service user was crying her eyes out because they don't feel very well"
>
> **Participant 10:** "I got a phone call to say you know, he has passed away you don't need to go in on shift, so that's really stressful because if you are working one to one with someone and you get to know them, you know their interests, prepare their meals for them, you know it is quite, this a quite a strong word, but you know but you do kind of look at them in a friendly way"

Insufficient time

While participants described taking pride in their work and demonstrated the importance of the job that they did, they felt that they often did not have enough time to do their job to the standard that they would like. Indeed, by having just a short period of time to undertake all of their duties, and having a lack of time to travel between clients, time is too short to do their job to the highest of standards.

> **Participant 28:** "You know they in the media they highlight these poor carers who rush in and rush out and just don't have the time to do the work,"
>
> **Participant 29:** "There's a lack of continuity doing domiciliary care and you've also got a very short window to do what you need to do in, and they don't allow for travel time."

Work-Life Balance

Participants described it as difficult to maintain an appropriate work-life balance in care work due to the hours worked. Carers in domiciliary care in particular described that the hours worked made it difficult to maintain normal relationships outside of work. However, there was also an understanding that this is often the nature of the role, although management could help to could improve this situation by providing a fairness of hour distribution.

> **Participant 15:** "It did [impact my personal life] because I was working a zero hours contract and was having to take every shift I could, that's when it did effect it because if I said no, they'd get funny and obviously I needed to know that I was working enough hours"
>
> **Participant 17:** "Care work isn't sociable work, when you want a private life. So, when you're working early starts and late finishes, and weekends as well, there's not much time for anything else sometimes, and I try and work it that I work every other weekend but quite often, you're often to work certain hours in between that you don't want"

Power Relationships

Care workers working under zero-hours contracts also described issues of power – namely that they had no power over their working situation nor did they perceive they had the power to reject working hours.

> **Participant 21:** "it's one big thing with both of the care companies you sort of go and then you say to the manager look I need a bit more hours or a bit less hours and it's really it's up to her at the end of the day but if you moan too much you get less or you get nothing at all that's the way it just feels."
>
> **Participant 15:** "I know, within my agency, I'm a zero hour contract, if I don't take the work they offer, they won't give me any other work."

Care Work: Media Influences

Misunderstanding of Care Work

Respondents often detailed how much of an important role they had to play in ensuring independence as far as possible in client's lives. For example providing medication and personal care were parts of the role that carers had. However, they felt that due to media misrepresentations of their role and only negative portrayals of carers in the press, the general public had either a negative perception or misunderstanding of the role of the care worker.

> **Participant 14:** "I have been described as y'know 'only a carer' (laughs) so I think societies attitudes towards carers is not good and I've notice it change with people I've known over the years when they've been in the situation themselves to need carers."
>
> **Participant 28:** "I don't think the work that you do is appreciated by society in general I think society in general totally underestimates the complexity of care which is why councils pay so little and that's the fundamental problem of care per say"

Zero-Hours: Stressors

Organisational Fairness

Despite doing an important a wide-ranging job, individuals with zero-hours contracts felt that they were not often rewarded for the work that they put in. In particular as well as poor pay and hours, individuals felt that their job performance had no impact on the offer of hours and it was more friendships with management which determined who received the most sought-after hours.

> **Participant 1:** "I certainly felt that if I didn't take them, I might not be offered them, it was good to take them, for fear of, they'd be offered to someone else next time when I did want hours"
>
> **Participant 15:** "But that's not what they do, with a zero hour contract, if you're best friends with them and you're in with the crown, you'll get all the work. If you're not, you're not going to be getting the work"

Unpredictable Hours

A distinct issue related to the use of zero-hours contracts was the unpredictability of hours that would be offered. As such participants described that they would find it difficult to plan ahead due to not knowing their finances from month to month, but also this would also mean that they felt the need to say 'yes' even when hours were offered at the very last minute.

> **Participant 20:** "Literally they would keep changing my work, um oh I don't know let's say, like so literally they will probably call me before, this is really bad, an hour, probably like fifteen times, change my work then change it back and it's just a lot of messing about."
>
> **Participant 27:** "Because I think it's the unpredictability, so if I have sudden text for example, I almost feel I'll have to try and find a way… that might be one text saying there's a shift coming up, would you like to do it? Erm, but I might not get another one for a few weeks."

Whistleblowing

A final theme that emerged was that of 'whistleblowing'. Whistleblowing in the care industry can be a particularly important activity to prevent abuse and improve care, and all employees did discuss having a whistleblowing policy. However, those on zero-hours contracts described a fear of speaking out should they experience bad care by colleagues as they felt that they would be penalised with a reduction (or complete removal) of hours for doing so.

> **Participant 15:** "For instance, you have the whistleblowing policy. Erm, I reported someone for abuse, I'm going back a few years now, reported someone for abuse. I was then penalised, taken out of my service and moved somewhere else because the people in there were friends with the person"
>
> **Participant 28:** "And that is the huge fear so, quite often people come to me and make complaints about [care quality] but they don't want their name to be mentioned because they don't want to lose work."

However, there are a number of positives associated with working in care work and zero-hours contracts. Indeed three main themes emerged, with a number of subordinate themes underpinning these.

Table 5: positives associated with care work and zero-hours contracts

	Main theme	Subordinate themes	Description
Care Work	Emotional rewards	Rewarding job	Every participant noted that the rewarding nature of the role was the biggest positive associated with the care work profession.
		Client relationships	Along similar lines, the ability to build relationships with clients was a key source of positivity among respondents.
	Organisational components	Social support	Support given in the role in terms of care and hours by colleagues was a source of positivity for respondents.
		Managerial support	Participants who had supportive management, both in overcoming difficulties on the job and hours offered, found this a key element of positivity.
Zero-	Organisational	Flexibility of work	Particularly for those with supportive management, the flexibility afforded to

hours	component		those on zero-hours contracts was a particular source of positivity.

Care Work: Emotional Rewards

Rewarding Job

The rewarding nature of the role which comes from helping others was discussed by every participant as the main positive which individuals receive from the role. Therefore despite the stressors described above, the feelings of the role being rewarding was the predominant reasons individuals continued with their role.

> **Participant 15:** "It's nice to go in and help someone and know that you're making a difference to their life. That's literally why I do it."
>
> **Participant 17:** "Most enjoyable is, ur, helping people to maintain their lifestyles as much as they can, obviously a lot of my clients are older and do have disabilities which is why they need care and help with dressing, washing, cooking etc. And I get, um, a good feeling that I have achieved something in the day to provide help to people who would otherwise not have that help."

Client Relationships

Similar to the above, participants described the relationships that they built with service users when not in quick turnaround care situations as important. Indeed respondents felt that this building of a relationship was almost a friendship or family-type relationship.

> **Participant 10:** "I know you're not supposed to say that they're my friend, or anything like that but it is just friendly conversation that you are having with them"
>
> **Participant 23:** "you build up very good relationships with these people and you kind of almost became like their extended family."

Care Work: Organisational Components

Social Support

Having the support of colleagues was described as an important source of positivity in their working day. In particular where individuals required support or advice within the working day supportive colleagues would often provide that. Additionally respondents felt that they could at times turn to colleagues to cover shifts so that they did not have to turn those shifts down with management.

> **Participant 3:** "Yeah definitely, definitely um less so from management but definitely from the small team I work in, we're all really reflective and talk about what's happened, we support each other."
>
> **Participant 10:** "that's fine because everyone is really friendly on the team so if you, if you get in contact with someone else who works on the same team as you do um often, they'll just say yeah I'll switch days with you"

Managerial Support

Where participants had supportive management these individuals could be turned to in order to ask for support for both on the job issues and at times problems with hours offered. Therefore, for example, supportive management would work to find hours where participants were particularly struggling financially, and also with management taking a hands-on approach to the job this meant that they realised the strains of the care worker role.

> **Participant 6:** "this month there wasn't enough hours for me but then I spoke to my manager and he put loads of hours in for me."
>
> **Participant 14:** "In our instance, the call girls in the office do almost as many hours out in the community as we do and some of them do more so I think we are a team, you know what I mean, we work as a team."

Zero-Hours: Organisational Components

Flexibility of Work

This was one particular positive which was discussed by some respondents – and in particular those who were not completely financially dependent on the role to survive. For example, people who were working to earn 'a little extra money', or who had financially supportive partners, felt that the flexibility offered by zero-hours contracts was a distinct advantage of working under a zero-hour contract.

> **Participant 17:** "I could easily come out of work for a day because I'm not obligated to work those hours anyway, as I don't have a contract."
>
> **Participant 20:** "I have often phoned the office and said is there any calls that I could cover afternoon or could I start earlier and they have been willing to help sometimes but yeah there is always extra shifts to pick up."

Discussion

Role and relationships consistently affected wellbeing outcomes in the survey. In particular 'role' was one of three of the MSIT factors scoring at a good level across all participants, with these positive understanding of their job role also having the strongest effect on employee engagement in care workers. Furthermore the 'relationships' factor also influenced many outcomes. In particular the analysis demonstrates that relationships was the most strongly related factor with negative mental health, and together with 'role' also implicated in the overall employee engagement scoring.

The 'control' MSIT factor was the only one which showed significant difference between those on zero-hours and full time workers who had greater levels of control. This result may not be unexpected, however, because while it may be argued that zero-hours contracts offer the greatest flexibility about how and when they work, respondents in the qualitative results explained that the unpredictability of hours offered for work were stressors. In particular interview respondents described a system of unfairness and distinct lack of power, suggesting that should they reject working hours for any reason (even when these hours were offered at short notice) they feared not being offered hours for work in the following weeks. As such it would appear that while zero-hours contracts offer the illusion of control over working hours, for many respondents this was not the case. Relatedly respondents suggested that, due to the lack of contractual obligation associated with zero-hours, there was the distinct possibility of managerial 'favourite' workers would either get the 'pick' of the working hours. Lastly, zero-hours contracts were potentially responsible for poor care worker practice. In particular, due to individual fears for their jobs, respondents described a potential reluctance to 'whistle-blow' against poor or even neglectful care. Care workers also described poor pay hours, critical incidents involving death or violent encounters, and not having sufficient time to complete a job as particularly stressful.

There were also positives associated with the care worker role. Indeed the rewarding nature of the role was discussed by every individual interviewed. Similarly the building of relationships with clients, and those relationships playing an important part in either maintaining or improving the lives of clients, again playing an important part in their working lives. Both peer- and managerial-support also made the role enjoyable and helped individuals to deal with stressful situations. Lastly some respondents described that having a zero-hour contract, and the flexibility which comes along with that, can be an excellent arrangement particularly when there is organisational fairness and positive managerial support.

Implications

If zero-hours contracts can lead to diminished care through employees not whistleblowing against poor or neglectful care for fear of not receiving work in the following weeks, the use of zero-hours contracts should be questioned in this population. Furthermore it would appear that the MSIT may not be suitable for use in all types of job role. For

example we found that the emotional component of working as a care worker – and in particular the development of relationships with clients – is overlooked. Ours is the first study, therefore, which assesses work-related stress and wellbeing of care workers, and perceptions of zero-hours contracts in any occupational setting.

Publication & Other Dissemination

Two separate academic journal articles will come from this (one quantitative, one qualitative). Also a roundtable discussion to be held at Bath Spa University will be conducted with policymakers, academics, journalists, and employers regarding the use of zero-hours contracts. Finally, following publication of the results of the study, Dr Ravalier will write a piece for The Guardian's science blog on the efficacy of zero-hours contracts, and a second on the role and wellbeing of care and support workers.

Conclusion

Further investigation is required to determine the utility of use of zero-hours contracts, and the effects that these may have on employee wellbeing and carer performance. Despite this, we provide evidence that care workers are often provide an important social role which may be undermined via the use of zero-hours contracts. Therefore the wide-spread use of these should be reconsidered within this market at least.

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