Frontline home support workers and change to consumer-directed care – the service triangle, power, subordination and alienation, an Australian context.

by

Graeme Edward Payne

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SUMMARY

Following a recent legislative change from an agency-directed care model to a consumer-directed care model across the Australian community aged care sector, this study examined the effect of the change on frontline home support workers. Consumer-directed care transformed the relationship between the provider organization and aged clients allowing clients greater choice over service provision. This study found that home support workers, while remaining subordinated to their organization as an employee, functioned in a significantly changed and challenging work environment.

Adopting a typology proposed by Havard, Rorive and Sobczak (2009) and theory from Lopez (2010) relating to frontline service work and the service triangle, this study examined home support workers' perceptions of power and feelings of subordination and alienation during the period of change to the new model. Their perceptions of openness to the change, supervisor support and job satisfaction were also examined.

Two qualitative studies triangulated with two quantitative studies addressed the research problem. Using a two-phased sequential exploratory mixed method research design, a qualitative phase (Phase 1) first gathered data from senior staff and home support workers (n=31) in three not-for-profit organizations. Data were evaluated using template analysis (N. King, 2012) Outcomes from the qualitative study informed the development of a questionnaire for home support worker participants from five organizations, including the first three organizations (Phase 2). The questionnaire was conducted on two occasions, 2016 (n=172) and 2017 (n=174). On each occasion, home support worker participants were invited to complete an optional open-ended question. The open-ended responses in the questionnaires were compared to discover whether there was consistency or change in the perceptions home support workers between the initial stage of the implementation (2016) and a year later (2017). A linear multiple regression analysis of the 2016

questionnaire data and paired-samples t-tests of the 2016 and 2017 data were also conducted to triangulate respectively with the Phase 1 qualitative study and the qualitative comparison of the open-ended responses between 2016 and 2017. A new measure quantifying power and subordination/alienation was developed and validated, which represents a significant and exciting contribution to theory.

This study found that, in the transition to consumer-directed care, home support workers perceived an increase in power to their role, but at the same time, experienced feelings of subordination and alienation that impacted on their client relationships and work attitudes. This illustrated the complexity of power transfer within the service triangle, which, in the case of consumer-directed care, ostensibly occurred between the organization and the client, but, as this study found, notably included the home support worker. Further, this study examined power and subordination transfer through the perceptions of the frontline service worker, rather than through the prism of organizational policy, thus deepening understanding of frontline service work and relationships within the service triangle. Using service triangle theory, this study makes theoretical and practical contributions. It is expected that findings from this study, including the validated measure, will be of value to the community aged care sector, the wider health sector and government policy-makers.

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed: Graeme E Payne

Date: 16 August 2019

PUBLICATIONS ASSOCIATED WITH THIS THESIS

The research in Chapters 1, 2, 4, and 7 underpins the following articles:

Payne, G. E. & Fisher, G. (2019a). Consumer-directed care and the relational triangle: power, subordination and competing demands – a qualitative study. *Employee Relations: The International Journal*, *41*(3), 436-453.

Payne, G. E. & Fisher, G. (2019b). The service triangle and power: the role of frontline home support workers and consumer-directed care – an Australian context, *Industrial Relations Journal, 50*(2), 197-213.

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CHAPTER 1. INTRODUCTION

> The most obvious reason to pay attention to care workers is that meeting the most basic needs of our society relies on their labour. (Duffy, 2011, p. 2)

1.1 Introduction

This purpose of my study was to examine the impact on frontline home support workers of a recent change from a traditional agency-directed care model to a consumer-directed care model across the Australian community aged care sector. Through the lens of Havard, Rorive and Sobczak's (2009) typology and important work by Lopez (2010) relating to service work and the frontline service triangle, this study examined home support workers' perceptions of power, subordination and feelings of alienation during the transition to the new model (Note: Havard, Rorive and Sobczak used the term "relational triangle". The more common term of "service triangle" (Lopez, 2010) was used in this study.) Also examined were home support workers' perceptions of openness to the change, supervisor support and job satisfaction. In this study, a practical, valid and reliable measure with elements of power and subordination /alienation was also developed. Home support workers are crucial in any implementation of change in the community health sector as they form the direct and ongoing key relationship with the client (e.g. Denton, Zeytinoglu, Davies, & Lian, 2002; Sims-Gould & Martin-Matthews, 2010b; Stacey 2011). Examination of home support worker perceptions and lived experience of the impact of the change to consumer-directed care is lacking. The purpose of this study was to fill this gap.

Internationally, economic and quality of life imperatives arising from the growth and increasing longevity of their aged population have driven developed countries to apply intensified attention to strategic reform of the long-term aged care systems (Bloom, Canning, & Fink, 2010). Combined with medical advancements and policy reform, countries are increasingly facing serious challenges to the management of human resources in the health care sector that includes elderly care. These challenges are

caused by the increased cost of health care, declines in government funding and "shifts from state-sponsored care systems toward market-driven and client satisfaction-oriented regimes" (Cooke & Bartram, 2015, p. 711). Strategies include a shift to service provision under models of consumer-directed care for the aged with the view to encouraging them to remain in their own home for as long as possible. Over the past 30 years, developed countries have typically moved from traditional agency-directed models of care to commodified client-centred models (Laragy & Naughtin, 2009; Low, Yap, & Brodaty, 2011; Lundsgaard, 2005; Manthorpe, Martineau, Moriarty, Hussein, & Stevens, 2010a).

Underpinned by the consumer-directed theory of empowerment (Kosciulek, 2005; Kosciulek & Merz, 2001) and empowerment theory (Perkins & Zimmerman, 1995; Rappapon, 1984; Rappaport, 1981; Zimmerman & Warschausky, 1998), consumer-directed care shifts control and power to the client (Benjamin & Matthias, 2001; Low et al., 2011; Ottmann, Allen, & Feldman, 2013; Swaine, Parish, Igdalsky, & Powell, 2016; C. Ungerson, 2003).

Relating to the agency-directed model, Stone (2001) noted, "critics…argue that service decisions are based primarily on the interests of the agency, not the consumer." In contrast, consumer direction commenced with the premise that "individuals ... should be empowered to make decisions about the care they receive, including having primary control over the nature of the services and when and how the services are delivered" (p. 82).

As part of aged care reform in Australia and following trial and evaluation (KPMG., 2012), the Australian Government legislated a change from the traditional agency-directed model to consumer-directed care, to empower aged people and encouraging them to remain in their own homes for as long as possible. From 1 August 2013, newly allocated home care packages commenced delivery on a consumer-directed care basis. From 1 July 2015, it

became mandatory for all home care packages allocated to not-for-profit organizations to be delivered across the community aged care sector on a consumer-directed care basis. From 27 February 2017, clients became further empowered when all home care packages were allocated to individual clients, rather than the previous method where packages were allocated to approved providers. Clients can now direct the Government subsidy to a provider organization of their own choosing, with for-profit competition entering a market-based system (Department of Health, 2016, 2017a, 2019a; Department of Social Services, 2015). The Australian Government is currently examining the possibility of implementation of a consumer-directed care model across the residential aged care sector (Department of Health, 2017a; KPMG., 2012).

The focus of my study is the frontline home support worker in the Australian community aged care sector who delivers consumer-directed care services to aged clients in their own homes. The role of frontline home support workers is recognized internationally (Ashley, Butler, & Fishwick, 2010; Boris & Klein, 2012; Manthorpe et al., 2010a; Moran, Enderby, & Nancarrow, 2011) and in Australia (Clarke, 2015; Palesy, Jakimowicz, Saunders, & Lewis, 2018; Prgomet et al., 2017) and is typically described as assisting clients with daily living, including personal and hygiene assistance, domestic duties and social support.

Significant research work on frontline service work by Leidner (1993, 1996; 1999) conceptualized the extension of the traditional bilateral employment relationship between organization and worker to include the customer or client as playing an active role in a three-way relationship. Subsequent research recognized that relationships between organizations, their workers and clients altered “the centre stage in the empirical sociology of work studies” (see also Bélanger & Edwards, 2013; du Gay & Salaman, 1992; Fuller & Smith, 1991; Korczynski, 2001; Korczynski, 2002; Korczynski, 2009, p. 953; Korczynski, 2013; McCammon, 2000; Subramanian & Suquet, 2017). Pointedly, Gabriel and Lang

(2006) revealed that the “cult of the consumer” represented a “radical reconfiguration of workplace relations ... transforming the old dyad – workers and managers locked in their longstanding feud – into a ménage à trois” (p. 20).

Havard et al.’s (2009) typology of the service triangle and power transition and the work of Lopez (2010) formed the theoretical framework for this study. Havard et al.’s typology recognized the impact of organizational change on power and subordination in the three-way relationship between employer, worker and client. My study examined the perceptions of home support workers about changes to power in their role and subordination in their relationships during the period of change to consumer-directed care. Feelings of alienation (Cranford & Miller, 2013; Korczynski, 2009) and openness to change, supervisor support and job satisfaction also formed part of the study.

The nature of the legislated change to the new model of consumer-directed care in the Australian community aged care sector comprised the transfer of power between the provider organization and clients, with clients having greater power and control over service provision and selection of provider. There appear to be no empirical studies that focused on home support workers’ perceptions of change in their power and subordination during a transition to a consumer-directed care model. The objective of my study was to address this gap.

This chapter introduces my study by presentation of background, context, the research problem and research questions, justification for the research, an outline of the methodology, a definition of terms, and finally, limitations and delimitations of the research.

1.2. Background to the research

Predictions are that the worldwide growing proportion and longevity of the aged population will become one of the most significant social transformations of this century (World

Health Organization, 2015). In developed countries, people are generally living longer and healthier lives. This has economic and social implications, including the structured availability of government sponsored health and social care services programs. Globally, ageing of populations is rapidly accelerating and the impact on "health systems, budgets and the workforce are profound" (Bloom et al., 2010; World Health Organization, 2015, p. 3). It is expected that persons sixty years or over will more than double by 2050 and more than triple by 2100, rising from 962 million in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100, growing faster than all younger age groups (United Nations, 2017). In 2017, 3.8 million Australians were aged 65 and over, consisting of 15% of the total population. By 2057, it is projected this will increase to 8.8 million or 22% of the population (AIHW, 2018).

Similar to other developed countries, caring of aged persons in Australia has emerged as a significant public issue of which policy implications "are broad ranging and complex" (Productivity Commission, 2008, p. xiv). The aged care system offers residential care and community care. The Australian Institute of Health and Welfare (AIHW, 2019) reported that it is the choice of many aged persons to remain in their own homes, thus "increasing focus on the provision of aged care services in community settings" (p. 1).

Resulting from demographic, social and economic change, the Australian aged care system is experiencing mounting pressure. This includes the increasing number of "baby-boomers" entering the aged care system, to which Kirkey (2013) referred as a "tsunami of aging boomers" (p. 1) and the longevity of the population with the "old-old" population growing even faster than the total aged population (Hugo, 2007, p. 169). Within Australia there are government funded options for the aged including living in residential care settings or, as is the choice of many aged persons, remaining in their own homes. Increasingly, there is the provision of health and social care programs for the community where the philosophy of client empowerment focuses on "person-centred care" that is

applied in various contexts under terms that include “resident-centred care”, “individualized care”, “patient-centred care”, “self-directed care” and “consumer-directed care”. Each of these models shares “concepts and definitions ... philosophically congruent with the person-centred philosophy of care” (Caspar, O’Rourke, & Gutman, 2009, p. 167).

The aged care sector in Australia is a growing and diverse industry. For example the sector provides services across residential care and community-based care, including home care. The phenomenon of an increasing aged population continues to impact significantly on service provision and will grow substantially over the next thirty years (AIHW, 2018). In providing services to clients, the number of frontline home support workers will also increase substantially over this period (Fenton, Polzin, & Arkesden, 2017; Rubery, 2011). For example, it is estimated that Australia’s aged care workforce will increase to around 827,100 by 2050 (Department of Social Services, 2015). The current home care workforce in Australia is estimated at 130,263, of which 84 per cent are home support workers. By 2050, the labour market will be more competitive as a result of the ageing of the workforce ((Harrington & Jolly, 2014).

Typically, most international studies concern the application and management of consumer-directed care and client outcomes: for example, in the USA (Benjamin, Matthias, & Franke, 2000; Benjamin & Matthias, 2004; R. S. Brown & Dale, 2007; Carlson, Foster, Dale, & Brown, 2007; Doty, Benjamin, Matthias, & Franke, 1999; Matthias & Benjamin, 2003; Sciegaj, Capitman, & Kyriacou, 2004; Simon-Rusinowitz, Mahoney, Loughlin, & Sadler, 2005; Wiener, Anderson, Khatutsky, Kaganova, & O’Keeffe, 2013), and in the United Kingdom and Europe (Gadsby, 2013; Glendinning, Clarke, Hare, Maddison, & Newbronner, 2008a; Henwood & Hudson, 2007; C. Ungerson, 2004; van Ginneken, Groenewegen, & McKee, 2012; Wiener, Tilly, & Cuellar, 2003). In developed countries specific attention has been given to home support workers and the importance of their relationships with clients and quality client outcomes (Aronson & Neysmith, 1996;

Eustis, Kane, & Fischer, 1993; Glendinning, Halliwell, Jacobs, Rummery, & Tyrer, 2000; McWilliam, Ward-Griffin, Sweetland, Sutherland, & O'Halloran, 2001; K. W. Piercy, 2000; K. W. Piercy & Woolley, 1999; Stacey, 2011; Wiener, Anderson, & Khatutsky, 2007).

International research on home support workers is prolific, covering a range of issues relevant to this study, including the impact of organizational change and rationalisation (K. Brown & Korczynski, 2017), job stress and job dissatisfaction in the context of health care restructuring (Denton, Zeytinoglu, Davies, & Lian, 2002a), supervisor support and organizational change (Franzosa, Tsui, & Baron, 2018a; Franzosa, Tsui, & Baron, 2018b), job satisfaction (Atkinson & Lucas, 2013; Delp, Wallace, Geiger-Brown, & Muntaner, 2010; Eborall, 2003; Panagiotoglou, Fancey, Keefe, & Martin-Matthews, 2017; Stacey, 2011), turnover intention (Banijamali, Jacoby, & Hagopian, 2014; Zeytinoglu, Denton, Davies, & Plenderleith, 2009), work-life differences between agency-directed care and consumer-directed care (Benjamin & Matthias, 2004), depersonalization and exploitation of home support workers (Aronson & Neysmith, 1996), and health and safety (Butler & Rowan, 2013; Jang et al., 2017; Markannen et al., 2014; McCaughey, Halbesleben, Savage, Simons, & McGhan, 2013; McCaughey et al., 2012).

Increasingly, within Australia there is research on the application and effect of the new consumer-directed care model on aged clients (Bennett, Young, & Cartwright, 2019; Bulamu, Kaambwa, & Ratcliffe, 2018; Day et al., 2018; Gill et al., 2017; Kaambwa et al., 2015). Day et al. (2018) concluded that for many clients, the implementation of consumer-directed care was challenging, with the need for more effective communication about the new model and its consequences. Unlike international consumer-directed care models, where clients are typically the direct employer of the home support worker (Benjamin & Matthias, 2004; Kodner, 2003; Low et al., 2011), under the change in Australia, the home support workers remained subordinated as a direct employee of the aged care provider organization.

There is a range of research on Australian home support workers under the *former* traditional agency-directed model of care. For example, recruitment and retention (Angley & Newman, 2002; Austen, McMurray, Lewin, & Ong, 2013; Bal, De Lange, Jansen, & Van Der Velde, 2008; Howe et al., 2012; Karantzas et al., 2012; D. S. King, Wei, & Howe, 2013; Moskos, Martin, & National Institute of Labour Studies, 2005; Radford, Shacklock, & Bradley, 2015a), job quality (Stone, 2000), job satisfaction, commitment and client embeddedness (D. S. King et al., 2013; Treuren & Frankish, 2014; Treuren & Halvorsen, 2016), job satisfaction, perceived supervisor support and turnover intention of older care workers (Radford, Shacklock, & Meissner, 2015b), emotional demands in work relationships (D. S. King, 2012), and personal obligations and collective responsibility (Provis & Stack, 2004).

Empirical research on the aged care workforce and the new consumer-directed care model in Australia is limited to the pre-2015 stages of consumer-directed care implementation. This research concerned policies and operational effects of the model on the day-to-day work of senior staff (Laragy & Allen, 2015; You, Dunt, & Doyle, 2017) and coordinators and frontline home support workers (Gill et al., 2017; Prgomet et al., 2017). Later research concerned home support worker role enhancement and skill development (Lawn, Westwood, Jordans, & O'Connor, 2017b; Lawn, Westwood, Jordans, Zabeen, & O'Connor, 2017a), diversity training (C. Meyer, Appannah, McMillan, Browning, & Ogrin, 2018) and career identity (Clarke & Ravenswood, 2019).

The availability of international and Australian research on home support workers is valuable to the extent that it provides context of their workplace environment and challenges. However, there appears to be little or no research, apart from Payne and Fisher (2019a, 2019b) which arose from this study, associated with home support workers' lived experience and perceptions of changes in power, subordination and alienation during the transition to the new model of consumer-directed care.

The main thrust of my study is, in the context of organization change and power (Havard et al., 2009; Lopez, 2010), home support worker perceptions of “shifting alliances” (Leidner, 1996, p. 31) and workplace alienation (Bolton & Houlihan, 2010; Cranford & Miller, 2013; Korczynski, 2009; Lopez, 2010) during the change to the new model. Based on organizational change and the concept of power, the typology proposed by Havard, Rorive and Sobczak (2009) “seeks to account for the diversity and complexity of the work and employment situations created by the involvement of the client” (p. 273). Havard, Rorive and Sobczak suggested that this typology represents a new approach in the “triangulation of labour relations” in the context of change “and depicts the diversity of situations between the three actors and the way subordination may be transformed” (p. 273). These researchers also claimed that the concept of power for each work situation makes it possible to better understand up to what point each actor in the relational triangle “can exert individually or jointly an influence on the other actors” (p. 273). Havard, Rorive and Sobczak provided a theoretical framework upon which home support workers’ perceptions of the change to consumer-directed care was explored in this study. Home support worker attitudes and expectations during the period of change to the new model of care were examined through their perceptions of power, subordination and alienation, openness to the change (Miller, Johnson, & Grau, 1994; Wanberg & Banas, 2000), perceived supervisor support (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002) and job satisfaction (R. P. Quinn & Shepard, 1974).

The three actors in the service triangle in the Australian aged care sector, organizations, workers and clients “shape the workplace control dynamic” (Baines & den Broek, 2017, p. 126). The Australian Government is a fourth actor who shapes funding and service relationships in the residential and community aged care sectors. Legislation for the introduction of consumer-directed care in the community aged care sector (Federal Register of Legislation, 2016) contains “Charter of care recipients’ rights and

responsibilities: home care" (Department of Health, 2019c). In addition, there is a government operational manual for home care providers (Department of Health, 2015a) that prescribes in some detail processes, requirements and expectations under the new model (see also Department of Health, 2018). The Government operates as "a powerful actor including shaping managerial practices" (Baines, 2004; Baines & den Broek, 2017, p. 126; Charlesworth, 2012; Cunningham & James, 2009) and plays a significant role in the funding, implementation and ongoing management of consumer-directed care in the sector.

There is also a "fifth actor," namely, the informal carer, which may also give rise to complexities in the relationship. Informal carers may be family members or friends of the aged client. They provide regular unpaid assistance and advice to an aged person and, for example, may act as the client's representative or advocate in discussions with the care provider – for Australian research (see Gill, Bradley, Cameron, & Ratcliffe, 2018; Gill et al., 2017; Kaambwa et al., 2015) and for research in the USA (see Boris & Klein, 2012; Kietzman, Benjamin, & Matthias, 2008; Sims-Gould & Martin-Matthews, 2010b; Wilhelm, Bryant, Sutton, & Stone, 2015). Setting aside these fourth and fifth actors, the government and informal carers, this study focused on the *internal* relationships in the service triangle with emphasis on the impact of the change on home support worker perceptions.

1.3 Research problem, propositions/research issues, and contribution.

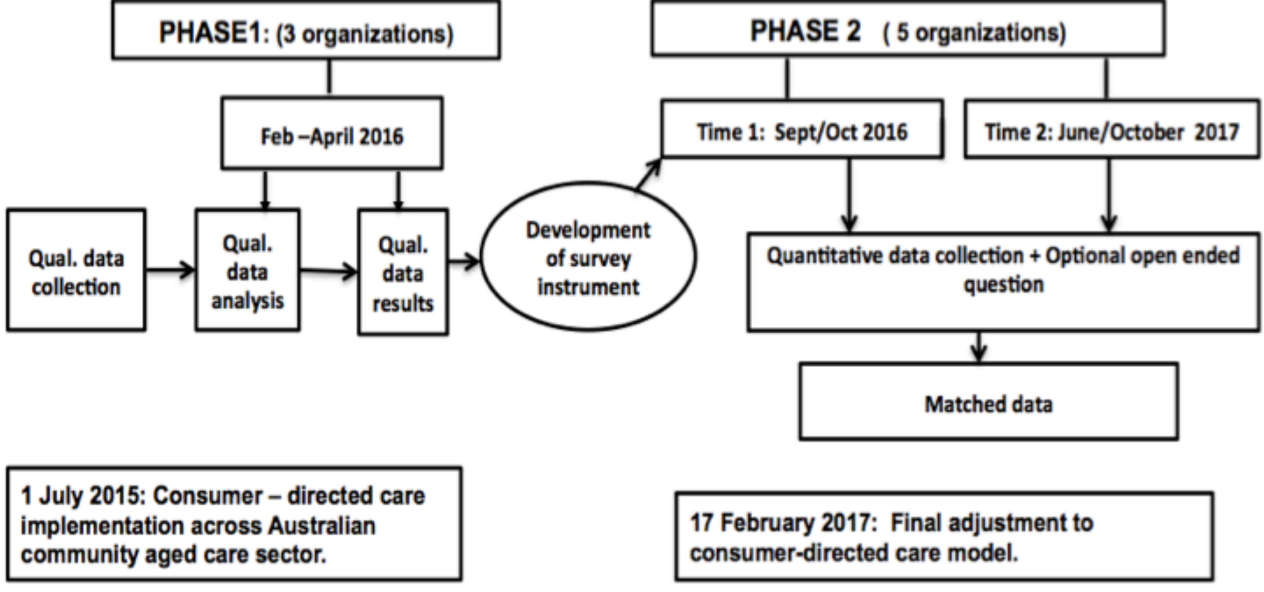
Consumer-directed care in Australia legislatively accorded greater power to aged clients who reside in their own home. Aged care provider organizations experienced a reduction in power and control, primarily to the extent that the client gained choice over the services provided (2015) and greater control over allocated funding and which organization delivered the services (2017). The home support worker remained an employee of the organization. In this study, there was an examination of home support workers'

perceptions of the effect of the change, and whether they experienced perceptions of power and subordination, and feelings of alienation. Also examined was the effect of the change on home support workers' attitudes towards openness to the change, supervisor support, and job satisfaction.

The time frame of this study covers the years 2016 (Time 1), which is the first year following implementation of consumer-directed care, which occurred from 1 July 2015, and late 2017 (Time 2) which followed the final change on 27 February 2017. To explain the research problem and the context of the research questions, Figure 1.1 depicts my study plan, including the sequence and timing of three interventions in the collection of data. During February to April 2016, the first phase of the study, I collected qualitative data from managers, coordinators and home support workers in three not-for-profit aged care organizations. The primary reason for the collection of the qualitative data was to explore the perceptions and lived experience of home support workers during the transition to the consumer-directed care model.

The outcomes of the qualitative study informed the development of a questionnaire for the quantitative phase of the study, the purpose of which was to examine further and validate further the qualitative outcomes. In Phase 2, questionnaires were completed by home support workers from five organizations, including the above three organizations, in Time 1, 2016 (September to October) and Time 2 2017 (June to October). Participants were also invited to complete an optional open-ended question: “Are there any comments you wish to make about your job and how consumer-directed care has affected you?” An outcome from the 2016 and 2017 questionnaires was the receipt of matched data from 79 participants.

Figure 1.1 Study plan, sequential exploratory mixed methods research design



1.3.1 Research problem

The research problem in this study is: How has the implementation of the consumer-directed care model, specifically the empowerment of the client, affected the role of home support workers and their relationships with clients? Specifically, did home support workers perceive a change of power in their role, in feelings of subordination and alienation in their client relationships, and in their experience of openness to change to the new model, supervisor support and job satisfaction?

I conclude that, in the transition to consumer-directed care, home support workers experienced change in their power, feelings of subordination and alienation that impacted on their role, client relationships and work attitudes. I also conclude that a new measure: “Power and subordination/alienation: home support workers, and consumer-directed care” was developed that may assist in providing a greater understanding of the effect of consumer-directed care of home support workers in their work role and client relationships.

In consideration of the research problem, I developed four research questions, which the study addressed in the form of two qualitative and two quantitative triangulated studies.

Research Question 1

> What were home-support workers' attitudes and perceptions during the early stage (2016) of the implementation of the change to the consumer-directed care model in the community aged care sector? How did they experience the change?

The following sub-questions deal with home support workers' attitudes towards client empowerment, and their perceptions of power in their role, their sense of subordination and alienation in their relationship with clients, and their experience of supervisor support and job satisfaction, at the early stage of implementation:

1(a): What were the attitudes of the home support workers towards the change, in particular to the concept of client empowerment?

1(b): Did home support workers perceive a change in power in their role?

1(c): Did home support workers experience feelings of subordination in their relationships with clients as a result of the change?

1(d): Did home support workers experience feelings of alienation in their relationships with clients as a result of the change?

1(e): What were the perceptions of managers and coordinators about the impact of the change on home support workers?

1(f): What were the perceptions of home support workers regarding supervisor support?

1(g): What were the perceptions of home support workers regarding their job satisfaction?

Research Question 2

This question qualitatively compares the attitudes and perceptions of home support workers between 2016 and 2017.

> RQ2: Have the attitudes and perceptions of home support workers towards the change, including client empowerment, power, subordination and alienation, and supervisor support and job satisfaction, been consistent over time between the early stage of the change (2016) and the later stage (2017)?

Research Question 3

In order to examine in-depth the effect of the empowerment of the client within the triangular relationship, in particular on the home support worker, the following research question was developed:

> RQ3: During the implementation of the change to the consumer-directed care model, how did the change affect the relationships between the variables of openness to change, power, subordination, subordination/alienation, perceived supervisor support and job satisfaction of the home support worker?

Research Question 4

In order to discover how time affected home support workers' experience of the new model, the following research question was developed.

> RQ4: Are there differences between the perceptions of home support workers in the initial stage of the implementation to consumer-directed care and a year later, regarding openness to change, power, subordination/alienation and job satisfaction?

In the context of the service triangle, relationships between two of the actors, the organization and client, changed to the extent there was an exchange of power, placing the client at the apex of the triangle. The effect of the change to consumer-directed relating to power and feelings of subordination and alienation on the third actor in the service triangle, the home support worker, has been substantially unexplored. The purpose of this research is to fill this gap.

This study investigated the lived experience of home support workers during the change period. The initial thrust of my research was to apply established measures relating to home support worker attitudes towards the change and their expectations. However, early findings during the qualitative investigation identified emerging themes of power, subordination and alienation. The theme of power is related to home support workers' perceptions of increases to their role as a direct outcome of change to the new model. These perceptions, for example, are greater awareness of client rights, and greater responsibilities including client advocacy and representation. The themes of subordination and alienation concern the perceptions by home support workers of the change in their client relationships. For example home support workers perceived a loss of power and control and feelings of being treated as a direct employee of the client.

1.4 Justification for the research

The first justification for my research is the recognition of the importance of support workers in aged care settings. In an article relating to human resource management in health care and the elderly, Cooke and Bartram (2015), acknowledged the universal "critical importance" of the care sector and support workers:

> Labour costs make a substantial proportion of operating costs within the care sector and the performance of care and support workers greatly affect care outcomes as measured by clients and job satisfaction. (p. 712)

Findings relating to home support workers' under-researched lived experience and

perceptions of power and feelings of subordination and alienation during the transition period of consumer-directed care make a significant contribution to the literature. The findings also allow for a deeper understanding of consumer-directed care and its application in a new context. A further contribution is the views of frontline service workers in circumstances where the change was government imposed and not one initiated by organizational workplace policy. My study demonstrated policy and practical implications that broaden understanding of the role, relationships and management of home support workers in the context of the change to a consumer-directed care model.

This study makes a significant contribution to a deeper understanding of home support workers' work attitudes in the transition to a consumer-directed care model. The study provides recommendations that promote improved human resources management practices within the aged care sector. It also proposes that government and employing organizations recognize and give greater attention to the valuable contribution and essentiality of home support workers. From the perspective of human resources management, there is also the importance of recognizing the perceptions of home support workers during the change to a system-wide consumer-directed care model. Further, the study will assist aged care organizations with strategies in the management of home support workers that will improve organizational, home support worker and client relationships.

A further significant contribution is the development of a new scale measurement of home support workers and power, subordination and alienation in the context of change to a consumer-directed care model. Confirmatory factor analysis validated a two-dimensional measuring model of power and subordination/ alienation with high reliability and validity. This contribution is important, as there is a lack of a psychometrically valid scale for evaluation of relationships within the context of change to consumer-directed care, in particular, of home support workers and the effect of change on their perceptions of power,

subordination and alienation. The new measure will assist aged care organizations and governments to gauge the impact of consumer-directed care on home support workers and, where necessary, to develop positive human resources management strategies to address any issues. There is also the potential for testing this measure against other client-centred models in the wider health sector.

There are at least seven audiences who may be interested the outcomes of my study:

- Governments and public sector health organizations with responsibility for the development and administration of legislation and policies associated with aged care provision. This includes, for example, the recent government initiated Aged Care Workforce Industry, the objective of which is the development of a "strategy for growing and sustaining the workforce that provides aged care services and support for older people, to meet their care needs in a variety of settings across Australia" (Department of Health, 2019a, 2019b; Egan, 2019).

- Not-for-profit and for-profit aged care provider organizations, their human resources managers and community aged care managers and coordinators who administer and facilitate consumer-directed care programs.

- Federal and state governments and their respective agencies responsible for legislation and policies relating to workplace relations, equity in employment, safety and training.

- National and state organizations representing the interests of senior persons.

- Home support workers who provide consumer-directed care services to clients.

- Employee organizations representing aged care workers.

- Researchers in health and aged care studies and social sciences, in particular human resources management and labour relations.

- Human resources managers and operational managers in the Australian residential age care sector that is currently preparing for a shift to a consumer-directed care model.

1.5 Methodology

This study adopted a sequential exploratory mixed method design (Creswell, 2014a; Creswell & Plano Clark, 2017; Charles Teddlie & Tashakkori, 2009) to investigate the research problem and research questions. Paradigms which propose mixed methods approaches allow the research questions to determine the data collection and analysis methods applied, collecting both quantitative and qualitative data and integrating the data at different stages of inquiry (Creswell, Plano Clark, Gutmann, & Hanson, 2003). The integration of qualitative and quantitative data "permits a more complete and synergistic utilization of data than do separate quantitative and qualitative data collection and analysis" (Wisdom & Creswell, 2013, p. 5) "with the hope that they all converge to support a particular hypothesis or theory" (Leedy & Ormrod, 2005, p. 105).

Findings of the qualitative Phase 1 (2016), reported in Chapter 4, addressed the components of Research Question 1 by the collection of data from face-to-face semi-structured interviews with managers (n=3), coordinators (n=11) and home support workers (n=17) in three aged care organizations. Data from these interviews were thematically evaluated using template analysis (N. King, 2012). As reported in Chapter 5, findings of the Phase 1 qualitative study informed the development of a questionnaire for the quantitative Phase 2 of the study, with the view to gauging whether data collected from home support worker participants were generalizable to a larger sample. Using the agency of exploratory and confirmatory factor analysis, a new measure, "Power and subordination/alienation: home support workers, and consumer-directed care" was developed and validated.

Research Questions 2, 3 and 4 (Phase 2) were addressed by three studies (reported in Chapter 6) and concerned home support worker questionnaire responses relating to openness to change, power, subordination and alienation, perceived supervisor support and job satisfaction. To address Research Question 2, a comparison was made of home support worker responses to the open-ended questions in the Phase 2 (2016, Time 1 and 2017, Time 2) questionnaires. To address Research Question 3, multiple regression analyzed data from Quantitative Phase 2 (2016, Time 1) to triangulate with the qualitative outcomes of Phase 1. To address Research Question 4, a repeated measure or paired-samples t-test of data was conducted from matched home support worker participants from the 2016 (Time 1) and 2017 (Time 2) questionnaires to triangulate with findings from the qualitative comparison analysis of the responses to the open-ended questions in both questionnaires (Research Question 2).

1.6 Definitions

Definitions adopted by researchers are often not uniform. Below the key and controversial terms are defined to establish positions taken in this research.

Aged care: A range of services required by older persons (generally 65 years and over, or 50 years and over for Indigenous Australians) with a reduced degree of functional capacity (physical or cognitive) and who are consequently dependent for an extended period on help with basic daily living activities (adapted from Productivity Commission, 2011).

Aged care sector: A combination of the residential aged care sector and community aged care sector in Australia that involves government-funded services and non-government funded services.

Ageing in place: Provision of care which allows an aged person to remain in their home (Productivity Commission, 2011).

Agency-directed care: A traditional approach where an aged care provider procures funds and delivers services to a consumer as assessed. This approach may involve little or no client self-direction (Low, Chilko, Gresham, Barter, & Brodaty, 2012).

Baby boomer: A person born during the demographic birth boom immediately following World War II to around the early 1960s (Bloom et al., 2010).

Client: See definition of "Consumer or client"

Community care sector: Part of the Australian community aged care sector concerned with the provision of services to aged people with functional restrictions who mainly reside in their own home. The term also applies to the use of institutions on a temporary basis to support continued living at home, including community care centres and respite (adapted from Productivity Commission, 2011).

Consumer or client: A person who is receiving care and services under a home care package funded by the Australian Government. Under the Act, a consumer or client is described as a "care recipient." In this study, reference to the consumer or client include other people, including family members, who are authorised to act on behalf of the consumer or client (Department of Health, 2015a).

Consumer-directed care: An approach where a consumer is encouraged to identify goals, which includes independence, wellness and enablement. Individual consumers can decide the level of involvement they wish to have in care management. Consumers have choice over services under a home care package and over their aged care provider (Department of Health, 2013).

Coordinator: An employee, however titled, of an aged care provider who facilitates the application of consumer-directed care for clients and supervises frontline home support

workers in the provision of consumer-directed care services in the Australian community aged care sector.

Department of Health: The Australian Government agency with responsibility for ageing and aged care (which was originally under the responsibility of the Department of Social Services).

Department of Social Services: The Australian Government agency formerly responsible for ageing and aged care.

For-profit organization: An organization with a primary mission of generating profit by the development of effective products or services valuable to consumers.

Frontline service work: Work undertaken where the central task involves interaction with a service recipient client or consumer and where the job status is below that of professional (Korczynski, 2009).

Home care agreement: An agreement entered into by a consumer and an aged care provider outlining rights and responsibilities and what services are to be provided under a home care package to the consumer (KPMG., 2012).

Home care package: A co-ordinated package of services tailored to meet specific care needs to help a consumer stay in their own home. The consumer-directed care package gives choice and flexibility in the way care and services are provided.

Home support worker/ frontline home support worker: A worker directly employed by an aged care provider in the Australian community aged care sector to provide specified services under a home care package to aged clients in their own homes. Services provided include, but are not limited to, personal care, such as showering or bathing, dressing, and mobility, and support services, including washing and ironing, transport to

and help with shopping, visiting medical appointments or attending social activities. (Adapted from Department of Social Services, 2015), (see also Aronson & Neysmith, 1996; Clarke, 2015; Department of Social Services, 2015, 2016; Palesy et al., 2018; Prgomet et al., 2017).

Note: There is no universally accepted terminology for home support worker occupations. Common examples include “community care worker”, “community health worker”, “community support worker”, “continuing care assistant”, “direct care worker”, “domiciliary worker”, “home enabler”, “home care assistant”, “home care aide”, “home care attendant”, “personal support worker” or “visiting homemaker” (Hewko et al., 2015; Mahmood & Martin-Matthews, 2010; Mavromaras et al., 2017; Moran et al., 2011; Sims-Gould, Byrne, Tong, & Martin-Matthews, 2015; Stone & Dawson, 2008; Zeytinoglu, Denton, Brookman, Davies, & Sayin, 2017). In the current study the term “home support worker” or “frontline home support worker” was adopted

Informal carers: Persons who informally provide aged care on a regular basis to their spouses, partners, family members, neighbours or friends (adapted from Productivity Commission, 2011).

Independent contractor: A persons who is not a direct employee of a service provider and who is contracted to provide personal care and support services to aged persons in their homes.

Manager: An employee, however titled, of a not-for-profit organization and responsible for the management of home care services and the strategic and effective operation of consumer-directed care.

National Disability Insurance Scheme: An Australian scheme providing individualized support for eligible people with permanent and significant disability, their families and carers (adapted from Ernst & Young, 2015, p. 8).

Not-for-profit organization: An organization that is institutionally separate from government, reinvests all profit into the core mission of the organization and is self-governing (e.g. Salamon & Anheier, 1998).

Residential age care sector: Part of the aged care sector concerned with the provision of resident services (adapted from Productivity Commission, 2011).

Service provider: An organization that holds home care package funds and is responsible for care planning and budget management for aged consumers in their homes under a consumer-directed care model.

Supervisor: see Coordinator

1.7 Delimitations of scope and key assumptions and their justification

The scope of this study was limited to five not-for-profit care organizations in one Australian State. Managers, coordinators and home support workers from three organizations participated in the 2016 qualitative Phase 1 of the study. Home support workers from five organizations, including the first three organizations, participated in quantitative Phase 2 (Time 1, 2016 and Time 2, 2017). Not included in this study were home support workers employed by for-profit organizations. These organizations did not become eligible until 27 February 2017 to provide consumer-directed care services to the aged, well past the commencement of the current study. While the consumer-directed care model provided a contextual framework for this study, theoretical applications of consumer-directed care were not tested in this study. Excluded from the scope of this

study was the concept of emotional labour (Wharton, 2009) and human resources management issues associated with home support worker wages and entitlements.

The following persons were excluded from the scope of this study:

1) Home support workers engaged to provide home care services to the aged in their own home but not under the government funded consumer-directed care model.
2) Independent contractors providing home care services to the aged persons in their homes.
3) Client support workers, however titled, employed in the residential aged care sector.
4) Client support workers, however titled, performing work under the national disability insurance scheme.
5) Informal carers, including family members and friends or neighbours of the client.
6) Volunteers in any capacity.

1.8 Thesis outline

This study is divided into seven chapters. The first chapter provides an introduction to the study and outlines the research problem, research questions, justification and value of the research. Chapter 2 provides a literature review including theories relating to consumer-directed care, its international application, home support workers and the theoretical framework of the service triangle. Research issues relating to openness to change, perceived supervisor support and job satisfaction are addressed. The literature review provided a priori themes informing the analysis of the qualitative data, as reported in Chapter 4. Chapter 3 describes the methodology used to examine the research questions. Chapters 4 5 and 6 describe the relevant research methods applied. For example, in addressing Research Question 1 of the qualitative Phase 1, Chapter 4 explains the processes association with data collection, the use of template analysis (N. King, 2012)

and results of the qualitative research. Chapter 5 concerns the development of the questionnaire and, with the use of exploratory and confirmatory analysis, validation of a new measure. Chapter 6 addresses Research Questions 2, 3 and 4, of the quantitative Phase 2, with three analyses. The first analysis provides a qualitative comparison of the open-ended responses to the Time (2016) and Time 2 (2017) questionnaires. The second analysis is a multiple regression analysis of quantitative Phase 2, (2016, Time 1) data. The third analysis compares the means of quantitative Phase 2 matched participants from Time 1 (2016) and Time 2 (2017) data. Chapter 7 provides conclusions about each research question, implications for theory and for policy and practice, limitations, suggestions for further research and concluding statements.

1.9 Conclusion

This chapter laid the foundation for the report on my research. It introduced the research problem and research issues. The research was justified, definitions were presented, and the methodology was briefly described and justified. An outline of the thesis was included, as were the limitations of the study. On these foundations, the thesis proceeds in Chapter 2 with a detailed review of the relevant literature (Perry, 1998).

CHAPTER 2. LITERATURE REVIEW

2.1 Introduction

Chapter 1 introduced the theoretical frameworks relating to consumer-directed care, the service triangle and the role and contribution of home support workers. In Australia, the transition from the traditional agency-directed care to consumer-directed care changed the relational power between the organization and the client and placed the client at the apex of the service triangle. There appears to be no research on the remaining actor, the home support worker, and their perceptions of power, and feelings of subordination and alienation in the service triangle during the transition to a consumer-directed care model. The purpose of this present study was to fill this gap.

Section 2.2 provides an examination of the theoretical framework underpinning consumer-directed care and in Section 2.3 application of consumer-directed care models in developed countries is reviewed. In Section 2.4 a historical overview is provided of the lead up to and implementation of consumer-directed care in the Australian community aged care sector together with an outline of the legislative arrangements, with particular reference to legislated client empowerment and its impact on aged consumers. A review of the literature on the roles and work of international and Australian home support workers and their work environment is provided in Section 2.5. Following in Section 2.6 is research on the Australian workforce including home support workers, and the impact of the consumer-directed care model during the early stages of its implementation. Section 2.7 reviews research on the key theory of this study, the service triangle and relationships therein. A discussion follows on the typology proposed by Havard, Rorive and Sobczak (2009) and research by Lopez (2010) related to the effect of organizational change on the three actors in the service triangle, with power, subordination and alienation as major themes. The application of Havard et al.'s (2009) typology to the consumer-directed care

model is also discussed. Section 2.8 provides an examination of the general literature on openness to change, perceptions of supervisor support and job satisfaction, and literature specifically relating to home support workers' perceptions of these variables. Section 2.9 comprises the conclusion to the chapter.

2.2 Consumer-directed care

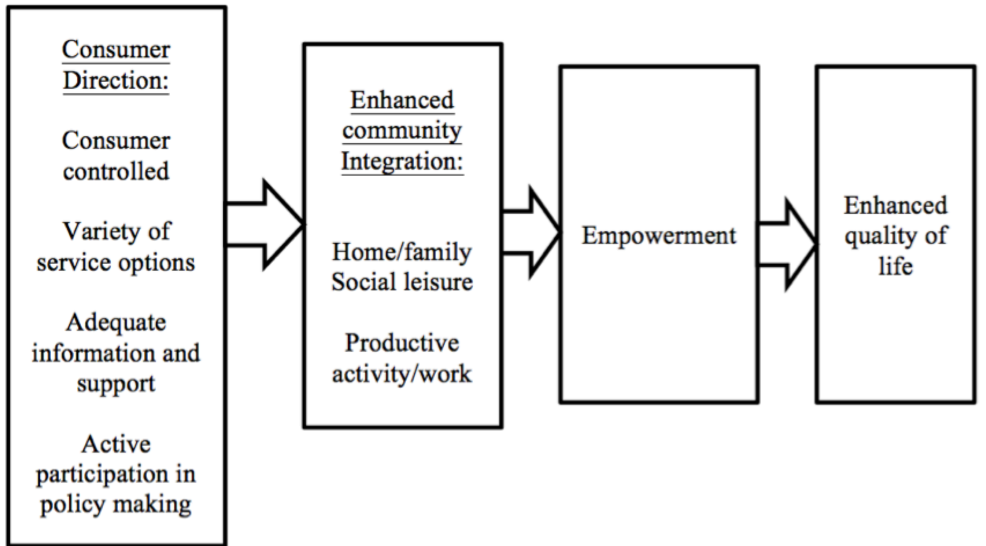
The theoretical framework underlying consumer-directed care and client empowerment provided an important contextual background to this study, but, as indicated in Chapter 1, testing of these theories was not the purpose of this study. The framework encompasses consumer-directed theory of empowerment (Kosciulek, 1999, 2005; Kosciulek & Merz, 2001) and empowerment theory (Perkins & Zimmerman, 1995; Rappaport, 1987, 1995; Zimmerman & Warschausky, 1998). Rappaport (1987) defined empowerment as a "mechanism by which people, organizations, and communities gain mastery over their affairs" (p. 122).

Consumer-directed theory of empowerment provides a theoretical framework for the "delivery and the outcomes of processes in relation to community integration, empowerment, and improved quality of life" (Kosciulek, 2005, p. 41). This theory proposes that a sense of control, competence, and confidence in an individual's lifestyle would support a degree of responsibility and participation as well as the ability of an individual to make rational decisions (Kosciulek, 1999; Kosciulek & Merz, 2001). The consumer-directed theory of empowerment is based on three assumptions: regardless of their disability, consumers are experts in their own needs, should be considered competent, and should have control and choice in all service delivery systems (AIHW, 2018).

Represented in Figure 2.1, the theoretical model for consumer-directed theory of empowerment that is comprised of four elements: consumer direction (e.g., consumer-

controlled and directed services), a variety of service options (adequate information and support, and active participation in policymaking), community integration (e.g. home/family, social/leisure, productive activity/work), all leading to empowerment, and an enhanced quality of life.

Figure 2.1 Model of consumer-directed theory of empowerment



Adapted from Kosciulek (2005); Kosciulek and Merz (2001)

Empowerment theory links individual strengths and competencies, natural helping systems, and proactive behaviours to social policy and social change (Rappapon, 1984; Rappaport, 1981). Payne (2005) described empowerment theory as helping clients to achieve control. This occurs, for example, by reducing “social or personal blocks” that prevent the exercise of power (p. 295).

In a qualitative study of case managers (social workers) and the recent introduction of the consumer-directed care model in the Australian community aged care sector, You, Dunt and Doyle (2016) observed that empowerment theory supports the model as it encompasses consumer choice and control, respectful and balanced partnerships, and participation, (p. 4). You, Dunt and Doyle developed a conceptual framework relevant to social work case management practice (Figure 2.2) that includes “actions, activities and

structures required to achieve empowerment of individuals" (p. 5). The framework also recognized change in the power relationships, with managers sharing power with individual clients, who themselves are empowered with an awareness that includes choice control and self-worth.

Figure 2.2 Empowerment theory and consumer-directed care
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In the context of health care and older people, Faulkner (2001) reported that the term empowerment implies "that patient independence may be optimized through the provision of care that assists patients to assert control over their lives" (p. 677). Consistent with these theories, the United Nations encouraged governments to incorporate into national programs the "United Nations Principles for Older Persons" (2017) that requires full respect for older persons, including their dignity, beliefs, needs and privacy and the right to make decisions about their care and the quality of their lives.

2.3 Consumer-directed care in developed countries

In the past consumer-directed care models in developed countries have been the subject of extensive review (Carr, 2011; Cash, Moyle, & O'Dwyer, 2017; Crozier, Muenchberger, Ehrlich, & Coley, 2012; Laragy & Naughtin, 2009; Low et al., 2011; Lundsgaard, 2005; Manthorpe & Hindes, 2010b; Ottmann et al., 2013; Spandler, 2004; Tilly, Wiener, Cuellar, & Evans, 2000; Turnpenny & Beadle-Brown, 2012; Wiener et al., 2003; Wilberforce et al., 2017). These reviews included examination and evaluation of key features of various iterations of consumer-directed care programs, their history and regulation, client satisfaction and recognition of the importance of informal carers. No single definition of consumer-directed care exists. However, literature identified "service recipients or their representatives (in circumstances where personal cognitive capacity is limited) having 'control' over funds allocated, so they can be used preferentially to meet the individual's needs" (Ratcliffe et al., 2014, pp. 1-2).

Principles underlying consumer-directed theory of empowerment and empowerment theory are applied under variously titled programs including "self-directed care", "self-directed support", "flexible funding", "self-managed care", "individual budgets", "direct payments", "flexible funding", "cash and counseling" (Ottmann et al., 2013, p. 565). Guidelines and the application of consumer-directed care programs, however titled, vary between and within countries. There is no single approach to consumer-directed care, with contrasts in levels of decision-making, autonomy and control vested in the consumer (Benjamin & Matthias, 2001; Howe, 2003; Kodner, 2003; Mahoney, Simon-Rusinowitz, Loughlin, Desmond, & Squillace, 2004; Tilly & Wiener, 2001). Other than merely shifting governmental responsibilities for delivering programs "closer to the people", consumer-directed care "goes even further by placing resources directly in the hands of consumers" (Simon-Rusinowitz et al., 2002, pp. 97-98). Conceptually, consumer-directed care

represents a positive means of increasing client autonomy. The client has control over care services they receive, which "represents the opposite of agency-directed care, which is controlled by the service provider" (Howe, 2003, p. 3). Carlson, Foster, Stacy, Dale and Brown (2007) explained that the term "consumer direction," when applied to personal care services, is used to refer to a variety of program models. Models range from clients with greater say over the selection of home support worker to the choice to spend their "monthly allowance in whatever way they feel will best enable them to remain in the community" (p. 468). Within these programs, consumer direction does not necessarily mean that clients "act entirely on their own." Clients may choose a third party "to help them make decisions about the program and act on their behalf" (p. 470).

Adapted from Kodner (2003), Table 2.1 compares the main features of a traditional agency-directed care model and a consumer-directed care model. A major difference between the traditional model and consumer-directed care is decision-making powers about service provision and who directly employs those who provide services to the clients.

Table 2.1 Comparison: agency-directed care and consumer-directed care.

Traditional agency-directed model	Consumer-directed care
Most of the decision-making power rests with the agency.	Consumers make decisions about services.
Consumers have little or no authority over staffing or service coordination.	Consumers hire, schedule and pay home support workers directly.
Agency directs services.	Consumers direct their services with assistance and support.

Kodner (2003)

Kodner (2003) also reported on typical arrangements applied to consumer-directed care models subjected to varying degrees of external approval and external assistance. However, under all arrangements, clients, some with organizational assistance or advice, have the power to hire and fire their home support workers. Kodner identified three major approaches: a "professionally monitored model", a "professionally assisted model" and a

“cash model” (p. 3) (see Table 2.2). The cash model, unlike the first two models, allows clients to receive a direct payment and allows for total discretion on how the resource is spent.

Table 2.2. Approaches to consumer-directed care

Model	Description
Professionally monitored model	Clients can hire and fire workers of their choice. However, clients receive mandated guidance from care managers, who are also responsible for monitoring services over time according to an approved care plan.
Professionally assisted model	Care managers initially determine program eligibility and approve service hours, but decisions regarding hiring, scheduling, supervision and termination of workers are left to the client. Professional help with key tasks may also be provided in some programs.
Cash model	Clients receive periodic cash allotments and are given total discretion with respect to purchasing virtually any services or goods they deem essential. Optional professional counselling may be made available

Adapted from Kodner (2003). See also Glendenning, Challis, & Fernandez, 2008; Hardy, 2008; Howe, 2006; Ottmann, Allen, & Feldman 2009; Wiener, Anderson, & Khatutsky, 2007).

Sciegaj (2004) referred to the “cash” model as one of the “most unfettered forms of consumer direction” (pp. 490-491), as clients maintain complete autonomy on how allocated monies are spent. By reference to Ungerson (1999), Korczynski (2013) recognized the import of the consumer and the cash model, and described it as an “extreme case [with the] key role of the customer across the whole of the organization of work becoming hard to deny” (p. 5). Under the change to the Australian model of consumer-directed care, home support workers remained employees of their provider organization.

2.4 Consumer-directed care in Australia

2.4.1 Introduction

This sub-section outlines history leading to and implementation of the consumer-directed care model in the Australian community aged care sector, including the extent and early impact of consumer-directed care granted to the client.

2.4.2 History and implementation of consumer-directed care

During the 1980s, successive Australian governments maintained a general policy approach of “ageing in place” (AIHW, 2002). This approach fundamentally involved a greater emphasis on keeping elderly persons in their homes for as long as possible through the delivery of home care services (de Boer, 2010; Genet et al., 2011; Grimmer, Kay, Foot, & Pastakia, 2015; McIntosh, 2003). Recently, Lawn, Westwood, Jordans, Zabeen and O’Connor (2017b) pointed out the government’s continuing objective of maximizing the “older person’s capacity to remain in their own home and to live as independently as possible for as long as possible” (p. 453). “Ageing in place,” reflected the wish of the elderly to remain “living in the community, with some level of independence, rather than in residential care.” This enabled older persons to maintain “independence, autonomy, and connection to social support, including friends and family” (Wiles, Leibing, Guberman, Reeve, & Allen, 2012, p. 357). Governments also preferred the concept of ageing in place, as it avoids the more costly option of residential care (World Health Organization, 2008).

Kendig and Duckett (2001) argued for reform of the aged care system in Australia. They predicted that the next generation of aged persons “will expect greater choice in service design.” Aged persons “will expect to have a choice regarding providers and also a choice in ensuring that the mix of services is the most appropriate to their needs. [This] will

require a significant reshaping of existing aged care services" (Kendig & Duckett, 2001, p. 60). Early proponents for the introduction of consumer-directed care argued Australia was "well placed to experiment with consumer-directed care because it has a comprehensive community care system" (Tilly & Rees, 2007, p. 3). In support for "greater flexibility in responses to consumer needs", Laragy and Naughtin (2009) pointed to international evidence of "improved outcomes and cost efficiencies" that warranted a trial of consumer-directed care in the Australian community aged care sector (p. 1).

Following a trial and evaluation process (Department of Social Services, 2015) consumer-directed care became a key component of the then Australian government's *Living Longer Living Better* aged care reform, designed to promote healthy ageing and improved health outcomes. The framework for consumer-directed care is provided for under the Australian *Aged Care Act 1997.* From 1 August 2013, *new* home care packages were managed on a consumer-directed care basis. From 1 July 2015, *all* home care packages were required to be operated on this basis. Legislative change from 27 February 2017 further empowered aged clients to choose either a not-for-profit or for-profit provider and to direct their allocated funding to that provider (Department of Health, 2018). Table 2.6 depicts these key dates and events associated with the timing of other Australian studies articles and the current study.

Hamilton-Smith (2016) referred to the change to the new model "as a quiet revolution" with the Australian community aged care "undergoing its biggest shake-up in 25 years" (p. 1). In summary, Roberts (2015) explained the difference between the former traditional model of agency-directed care and consumer-directed care:

> The laudable intention of consumer-directed care is to provide a fundamentally different approach to how older people at home are empowered and how services for them are planned, managed and delivered. It's different to previous models of community care from the perspectives of the underlying philosophy, the [consumer

> and aged care provider] relationship, the range of services on offer, the competitive nature of the market, as well as a process perspective. (p. 1)

2.4.3 Client empowerment, rights and responsibilities

Australia has recently moved to a new system where aged care funding has moved from a model in which provider organizations were directly funded by the government through “block funding”, to “a market-based model” of consumer-directed care “where consumers … exercise greater control over how funding is spent” (Parliament of Australia, 2017, p. 1). At a practical level, Wilkins, Laragy and Zadeh (2011) reported that the service delivery model of consumer-directed care “offers improved responsiveness to client requirements and increased transparency in the use of allocated funding. Where introduced, consumer-directed care has established new relationships and interactions between key stakeholders, co-creating value for older citizens” (p. 223).

The degree of empowerment given to the client under the Australian model is relevant to this study in that the transfer of power from one actor (in this case the organization) to another actor (the client), I argue also affects the third actor (the home support worker). Findings of my study revealed that this transfer has indeed significantly influenced Australian home support workers’ perceptions of increased power in their role and feelings of subordination and alienation in their relationships with clients. Under legislation, consumer-directed care reforms in Australia formally mandated power and control to the client and reduced the former, traditional influence of aged care providers. The four research questions listed in Chapter 1 addressed the outcomes for home support workers of client empowerment (see Chapters 4 and 6). Chapter 5 presents the new measure that was developed for the elements of power and subordination/alienation in a consumer-directed care context.

Australian legislation related to the proper administration and quality of the new model includes a “Charter of care recipients’ rights and responsibilities: home care” (Department of Health, 2019c) that places the client at the centre of the consumer-directed care model. This Charter provides for clients’ power and influence over the design, delivery and timing of the services they received through an individualized home care package. Clients have a legal right to be cared for in a proper manner, treated well and given high quality care and services. Aged care service providers are required to meet obligations and responsibilities and certain standards that ensure the delivery care to meet client needs. Clients have rights in the development of personalized care plans, choice and flexibility in the way the care and services are delivered, and to the receipt of individualized monthly statements of all financial inputs and expenditure associated with their home care package. Under the previous traditional model, community aged care organizations received funding based on the number of home care packages granted by the Australian government. Organizations could distribute this funding to individual consumers depending on their service needs. If a consumer did not access or need the overall value of his or her package, the organization could distribute “unneeded” funding to provide additional services to a consumer with higher care needs.

An important element of the new model is that funding for each home care package is individually allocated to the client and, for the first time, clients are provided with a monthly financial statement that allows them to correlate the services are receiving (Laverty, 2013, p. 4). The statement is required to be broken down to explain details about the monthly level of the Government’s contribution, costs expended by the aged care provider on administration and services delivered to the client and the client’s financial contribution (Department of Social Services, 2015).

2.4.4 Impact of the change to consumer-directed care on clients

Perceptions of recipient clients under the new model are important to understanding issues that, in their day-to-day work, provider organizations and their managers, coordinators and home support workers have to address. For example, at the early stages of consumer-directed care implementation, Herman (2015) reported that the "sweeping changes" bought confusion amongst aged clients, including "surprise fees and a few calls for help" (p. 1) Characteristics of the model found by Kaambwa (2015) to be most important to clients when selecting a consumer-directed care package related to the power to "save unused funds for future use" and to select their own home support worker (p. 89). Qualitative research by Day, Taylor, Hunter and Summons (2018) observed that the change to consumer-directed care "posed challenges for older people." Clients were concerned about the impact of new funding arrangements and changed personal contributions under the new system and that it was taking time to "iron things out". This suggested "a lack of organizational readiness" for the new model (p. 7).

During the very early stages of the new model, findings by Gill et al. (2018) identified client concerns, including, for example, issues with "accuracy and complexity" of information provided, "limited choice and flexibility" in the services provided, "goals not being reflected in care plans and inequities in access and service availability" (p. 10). Of the new model, McCallum and Rees (2017) concluded that, whilst the "increasingly market-driven industry will have positive effects", there exist "vulnerable older Australians who are already struggling with choice" and, therefore, "require care management and coaching" (p. 5). A literature review conducted by Wells et al. (2018), specifically designed to inform Australian authorities about themes relating to "client control" and "interpersonal interaction", found, for example, that "most consumers want to actively [control] and participate in the decision-making for their care". Also, "in many cases, consumers' only regular social contact was with their carer ... [therefore,] consumers want to receive

services from someone they know, and enough continuity to build rapport and a genuine relationship" (p. 50).

An example of the type of media publicity and information dissemination about the consumer-directed care model for the aged remaining at home is an extract from the front page of the February 2017 edition of the *Australian Senior* publication for ageing persons with a monthly national readership greater than 1.3 million (Figure 2.3). Highlighted are the February 2017 Australian Government changes to the consumer-directed care model which gave clients the right to direct funding and to select a not-for-profit or a for-profit provider of their choice. The publication used an employment analogy: "You're the boss" to describe the level of power accorded to the client under the model (*Australian Senior*, 2017, p. 1).

Figure 2.3 Extract *Australian Senior*, February, 2017

Removed due to copyright restrictions

During the second half of 2017, the Australian Government commissioned "independent research" to evaluate the experiences and perceptions of consumers and service providers about the consumer-directed care model. Key findings from consumers included, for example, high satisfaction with the standard of services they received (80% or above), satisfaction with the funding allocation for home care packages (65%), and minimal thought about changing their care provider (7.0%), with more than half (58%) not at all likely to do so – this was due to satisfaction (76%) with current services and/or that they liked the home support workers who delivered their services (Department of Health, 2018).

McCallum and Rees (2017) found that consumer support for the new model was of a high order. However, confidence about some aspects of the system was rated far lower, including consumers' ability to select an appropriate provider to meet their needs: "one fifth say 'no' and 35 per cent were 'unsure'". They were also unsure about government control of aged care places and concerned that, "since the introduction of the new model, administration fees have increased significantly" (p. 4).

In a study on recent and future changes in-home care, Elliott, Rutley and Stephens (2016) found that aged clients were overall satisfied with the concept and provision of consumer-directed care. On the impact of the new model, these researchers, however, identified "poor service experiences" provided by home support workers. For example, clients "most frequently" experienced concerns about home support worker "reliability and punctuality" and their "care and quality of work." Home support workers "tended not to take adequate care and were prepared only to do the 'bare minimum' that they were required to do" and were also unwilling to "undertake alternate or additional work visits, nor to deviate even slightly from service regulations" (pp. 49 & 50).

2.4.5 Summary

Introduction of consumer-directed care across the Australian community age sector changed the relationship between the aged care provider organization and the client. Under the former traditional model, the organization exercised power and control over management and provision of services with clients typically subordinated to the organization. The new legislated model empowered clients to the extent that they have control over services and which organization provides them with the organization taking on a largely management and facilitation role. Aged clients expressed overall support for the new model but offered some concerns about some of its features and aspects of the work undertaken by home support workers. As previously alluded to, models of consumer-

directed care in developed countries typically provide that aged clients exercise formal employer powers including hiring and firing of their workers. This differs from the Australian model where home support workers remained direct employees of care provider organizations. Research focussed primarily on the effect of the transfer from the organization to clients. There has been little consideration that client empowerment may affect home support workers and how it may affect them. The purpose of this study was to fill this gap.

2.5 Home support workers

2.5.1 Introduction

This section examines the literature on home support workers' role (2.5.2), and their work environments and challenges (2.5.3). What has been lacking is attention to the perceptions of Australian home support workers experiencing the change to consumer-directed care. The Research Questions of this study focus on how the transfer of power to the client affected home support workers' perceptions, particularly in relation to its impact on their role and relationships with clients.

2.5.2 Role

A review by Moran, Enderby and Nancarrow (2011) of support worker roles across international health and community sectors found that, since the early 2000s, support workers have "grown into one of the cornerstones of many health and social services, contributing to the care provided by a wide range of disciplines" (p. 1191). The support worker role is central to the enablement of professionals to undertake more complex tasks but "much ambiguity" remains "over the extent and nature of the contribution support workers make to the delivery and outcomes of care" (p. 1191). Core attributes depicted in

Table 2.3 are of the support worker role identified as “client enabler”, “professional helper”, “companion”, “facilitator” and “monitor” (Moran et al., 2011, p. 1196).

Table 2.3 Support workers: core attributes and generic role

Core Attributes	Generic Role
Client enabler	Ability to significantly influence a person’s wellbeing; frequently extends beyond “helping” to enabling patients to care for themselves
Professional helper	Perceived as being able to release qualified practitioners from certain tasks and enabling the professional to pursue other potentially more focussed or “expert” activities
Companion	Provision of emotional, practical support, advocacy and companionship support with the potential of exerting a significant influence on client wellbeing.
Facilitator	Playing a vital role within multidisciplinary environments of facilitating and enhancing inter-professional communication on behalf of the client.
Monitor	Inadvertently, through their direct care role, key observers of the care process.

(Adapted from Moran, Enderby, & Nancarrow, 2011)

Table 2.4 depicts typical home support worker type roles and work examples identified by Moran, Enderby and Nancarrow (2011, p. 1195); see also Hewko (2015).

Table 2.4 Role of support workers and work examples

Role	Work examples
Personal/care hygiene	Dressing, washing, feeding
Emotional support	Comforting, building a relationship
Leisure support	Creative activities, e.g. visiting galleries
Social support	Assisting with shopping
Indirect care	Assisting with care programs

(Adapted from Moran, Enderby and Nancarrow, 2011)

In a qualitative study conducted prior to the introduction of consumer-directed care in Australia, Clarke (2015, p. 192) described the role of home support workers: “To provide

support to help older people remain in their homes for as long as possible while retaining a good quality of life and high levels of independence. Specifically, they assist the elderly with tasks such as cleaning, shopping, attending medical appointments, administering medications and personal care, for example showering, dressing." Prgomet et al.'s (2017) findings were similar to Clarke's (2015) description of the home support worker's role.

Table 2.5 is a summary, adapted from Prgomet (2017), of the work in a typical day of home support workers and their supervising coordinators under the new model. Coordinators maintain responsibilities for the management of clients, including initial needs assessment and, in conjunction with each client, the development of or change to their individual care plan. Home support workers provide services in accordance with each client's care plan and participate in reporting regimes. Typically, these descriptions are consistent with the views of participant coordinators and home support workers reported in Chapter 4.

Table 2.5 A typical day of coordinators and home support workers

Coordinators	Home Support Workers
Management of clients: • Initial client assessment • Developing care plans and service plans • Routine client review • Visits to clients' homes • Administrative tasks, including maintenance of client files **Management of home support workers:** • Introduction to a new client • Point of contact and monitoring their work • Supervision and adjustments to work rosters • Documentation of incident reports	**Work with client:** • Visit client according to roster • Review service plans located in each client's home to ascertain services each client requires • Perform required assistance (e.g. domestic support, personal care) **Reporting regimes:** • Complete report on assistance provided to client • Update communication book at the client's home as needed • If an incident or unusual event occurs, immediately contact coordinator to discuss appropriate action.

Adapted from Prgomet (2017, pp. 213 & 214)

Prgomet et al. further identified “important areas for consideration” that included recognition of the key role of home support workers in fostering client relationships and “the development of rapport which represented an invaluable component of consumer-directed care” (p. 121). In their literature review of home care in Australia, Palesy, Jakimowicz and Lewis (2018) found that the role of the home support was without close supervision and “multifaceted”, requiring a “diverse skill set [that] supports high levels of autonomy.” Home support workers are “the core” of home care and spend more time with clients than any other member of the health workforce, which emphasizes the need “to better understand home support workers’ characteristics and employment conditions which may better support them in their roles” (p. 131). Within Australia, community aged care is unique because home support workers "have little direct contact with, and work remotely from, the head office or management as they visit clients in clients’ own homes” (Charlesworth & Malone, 2017; Clarke & Ravenswood, 2019, p. 77).

2.5.3 Work environment and challenges

International research on home support workers is abundant and variously recognized the importance of home support workers and their work environment. For example, home support workers are an “essential pillar” (Sims-Gould & Martin-Matthews, 2010a), the “eyes and ears” (Stone & Dawson, 2008; Stone & Harahan, 2010), the “cornerstone” (Kemp, Hollingsworth, Ball, Perkins, & Lepore, 2009, p. 37) and the “centrepiece” of the formal home care system (Stone & Wiener, 2001, p. 3). Home support workers are “largely invisible” (Armstrong, Armstrong, & Scott-Dixon, 2008; Boris & Klein, 2012; Hewko et al., 2015; M. M. Quinn et al., 2016, p. 237) and typically spend more time with clients than health care professionals (Denton, Brookman, Zeytinoglu, Plenderleith, & Barken, 2015; Stone, 2004). Their work is “arduous, stressful, injurious, and often unpleasant, with ... little recognition” (Banijamali, Hagopian, & Jacoby, 2012, p. 10). Home support workers work “in an isolated and interpersonally complex environment” (Kendall, Scott, & Jolivette, 2019,

p. 99) and in a place where a primary social relationship is established between the home support worker and the client (Stacey, 2011). Home support workers are also isolated from their peers and supervisors (National Institute of Occupational Safety and Health, 2010) and their work can be both physically and emotionally exhausting (Markannen et al., 2014; McCaughey et al., 2013; McCaughey et al., 2012). This, in addition to intimate aspects of the work in their client relationships, produces emotional job demands that are both "unique and complex" (Ayalon, 2011; Delp et al., 2010; Geiger-Brown, Muntaner, McPhaul, Lipscomb, & Trinkoff, 2007; Tsui, Franzosa, Cribbs, & Baron, 2019, p. 382). Additionally, the "client's home becomes a workplace that is not always the same from day to day and is difficult to regulate" (Zoeckler, 2018, p. 2). Home support workers are "both invisible and ubiquitous", and there remains continued undervaluation of adverse impacts on these workers, their organization and clients (Hewko et al., 2015).

On the nature of the work of home support workers, Cranford and Miller (2013) found that clients held expectations that "caring work", engendered "empathy with old, disabled or ill people." Importantly, these researchers observed that caring work was "not an explicit organizational requirement ... In a context of managed competition and rationing of care, the organization cannot always provide workers with the amount of time necessary for caring work ... and often discourage clients and workers from getting too close" (p. 798).

In qualitative research about the depersonalization of policies and the exploitation of home support workers in the Canadian home care system, Aronson and Neysmith (1996, p. 75) recognized that the potential for disagreement between elderly clients and home support workers and how their "lack of power" subjected them to "unfair demands by clients ... and [made] disrespect hard to resist" (see also Aronson & Neysmith, 2006). Stacey's (2011) seminal study on the USA home support workers and the "caring self" referred to "another troubling way inequality is manifested in home care" where home support workers are often pressured "by clients and by agency expectations", if not by

themselves, to work “above and beyond” their stated role. Stacey (2011) referred to the virtually unseen “relational aspects” of the work of the home support workers, including, listening, counselling and nurturing. These aspects of the job “often go unrecognized by organization and policymakers” (p. 61). Stacey referred to the phenomenon as “surplus care, [where] the norms of interaction become somewhat confused” to the extent that home support workers feel obligated beyond their formal work commitments (p. 79).

In a comprehensive history of the labour, welfare and health care of home support workers in the USA, Boris and Klein (2012) observed that, within the larger system of home care, the labour power of each individual home support worker is commodified. In the interests of controlling public expenditure, organizations have “intensified the labour” and attempted to reduce the work of home support workers to “household maintenance and bodily care” (p. 9), in contrast to the “intangibles” and the essentiality of “keeping clients company or chatting together about family and friends, which home support workers regard as essential to work well done” (p. 9).

In research on the home support workers in the USA, Stone and Harahan (2010) identified strategies to extend the supply of home support workers by the improvement of “education, training, and developmental activities” that make the provision of services and support to older people “a more attractive alternative to employment in acute and primary care settings” (p. 109). Stone and Harahan concluded with the following plea relating the need for continued awareness of the importance of home support workers in long term care reform:

> Although the long-term care workforce [home support workers] is now on the policy radar screen, policymakers, practitioners, and advocates must continue to raise awareness of current and future demands … of the larger health care market – lest it become an afterthought in on-going health care and long-term care reform efforts. (p. 114)

2.5.4 Summary

Research showed that the roles of home support workers internationally and in Australia are typically similar, if not the same. Challenges confronting home support workers at an international level usefully informed this current study about home support workers in Australia. In turn, the findings of this study on home support workers' perceptions of their experiences during a transition to consumer-directed care could be useful to organizations and policymakers in other countries as well.

2.6 The Australian workforce and change to consumer-directed care

> Workers engaged in or transitioning to empowerment practice must redefine their roles to respond effectively to multiple, and often severe and unarticulated needs. (Everett, Homstead, & Drisko, 2007, p. 169)

2.6.1 Introduction

This section provides an examination of commentary and research about the workforce in Australian community aged care sector following the recent change to the new model. Due to the relative newness of consumer-direct care, there exists minimal research on the impact of the change on home support workers and other staff. The available research is limited to the pre-July 2015 implementation. Filling the gap in the literature about home support workers' perceptions during the change to consumer-directed care was the purpose of this study.

General literature provides commentary on the anticipated effect of the new model on the Australian workforce. For example, Perry-Beltrame (2014) identified challenges that will require home support workers to become "responsive to the consumer's need without neglecting the organization's need" and requiring a "mindset change" (pp. 2 & 3). Consistent with international research, Skatssoon (2019) noted that Australian home support workers "tended to be an invisible and an isolated workforce, working entirely in

other people's homes [and] often without adequate training or support" (p. 1). Few studies have examined Australian workforce perceptions of the impact of the change to consumer-directed care. Barnett and Spoehr (2013) reflected that changes in relationships between home support workers, their employers and clients would require a new approach to human resources management. For example, a "different relationship" was required between home support workers and their employer that will necessitate "different skills sets guiding values and a changed approach to the management and design of guidelines for the management of staff" (pp. 10 &11). In an advisory booklet relating to the role of home support workers under consumer-directed care, the Australian Government (Aged Care Workforce Innovation Network, 2014) advised that these workers represented "an important and valued partner in the interactions with the consumer" make "a direct positive difference in someone's life [and the] primary source for the support" under the new model. Home support workers "will be able to reinforce the conversations" with clients about the new model including its benefits and what they "see and hear is important in assisting the organization to respond to any changes or concerns related to the consumer" (p. 11).

Four qualitative studies, conducted during the early stages of consumer-directed care implementation, occurred well before 1 July 2015, when the change was universally applied. Two studies related to case managers and social workers (Laragy & Allen, 2015; You et al., 2017). Laragy and Allen (2015) referred to the change to consumer-directed care as a "radical departure" from the previous traditional care model (p. 212) and "because of the extensive conceptual and procedural changes required" there are challenges for both aged care service providers and their staff (p. 222). Participants in Laragy and Allen's study indicated a strong commitment to the new model. Some thought that consumer-directed care and its principles "were radically different" from traditional agency-directed case management, while two considered that the changes "were mainly procedural [as they] were already following consumer-directed care principles" (p. 219). At

the time of Laragy and Allen's study, knowledge about the best means of enabling the new model of care was "still evolving" (p. 224) with senior staff needing to make "major adjustments to their professional role" (p. 225). You, Dunt and Doyle (2017) recognized that the role of case managers was to empower clients, allowing them "to express their needs [to] make independent decisions and perform daily activities independently" (p. 500).

The two other studies, Gill et al. (2017) and Prgomet et al. (2017), addressed the early effect and attitudes of the home care workforce towards consumer-directed care. Gill et al. (2017) found that the roles of staff, clients and unpaid carers required a change and highlighted the need "for effective education, information and a redistribution of power relationships through a process of change management" (p. 489). Gill et al. advised that, as found in the current study, some home support workers perceived little change to their role, while others clearly understood the purpose of the change, with yet others considering that the model offered clients "new possibilities" (p. 483). These researchers were also critical of the imposition of Government legislation that obligated implementation of the new model "on the shoulders of the provider organizations that do not have the power required to make it a reality" (p. 489).

Prgomet et al. (2017) reported that consumer-directed care has "shaken" the traditional hierarchical model on aged care delivery that was characterized by professional case management models and professional dominance with support workers in quite ancillary roles across many provider agencies. Prgomet et al. also found that home support workers were generally of the view that the change to the model would not significantly affect their day-to-day work. Some workers felt some "confusion and uncertainty about the details of the policy changes, and the distinctions between the government and organizational changes" (p. 116). In the interests of aged clients, home support workers expressed

concerns about "clients controlling funding and how [they] will self-manage budgets" without organizational participation. Home support workers also expressed concern for clients with dementia who are not able to make decisions about their entitlements under the new model (p. 117). A "key challenge" for home support workers "was the management of client expectations" and their requests for additional or alternative services not formally outlined in each client's service plan" (p. 118).

In the context of the change to the new model care and most relevant to the current study are conclusions of Prgomet et al. (2017) concerning the recognition by home support workers of the importance of the quality of client care, need for home support workers to ensure duty of care for the client and for organizations to recognize the important role home support workers can play in their relationships with clients. For example, Prgomet et al. concluded that home support workers recognized "the importance of coordination of care, communication and the continuity of care delivery, all of which were seen to impact client relationships and quality of care". Prgomet advised that careful consideration be given to the "balance between empowering clients to make choices about their own care versus the duty of care senior staff and home support workers alike have towards their clients". Further advice was that policymakers consider the "key role of home support workers in fostering client relationships, providing consistency and continuity, balancing the needs and expectations of clients, and providing support and advocacy of care options" (p. 121).

The focus of this current study of the perceptions of home support workers provided a deep and detailed insight into the lived reality of home support workers as they experienced the transition to consumer-directed care. The Research Questions about home support workers' experience of changes in their perceptions of power, subordination

and alienation in their role and relationships with clients address some of the concerns listed in Prgomet et al.'s and Gill et al.'s studies.

2.6.2 Summary

Table 2.6 highlights key dates and events associated with the implementation of the consumer-directed care model in Australia. Sequentially provided are the timing of data collection and the number of study participants and participating organizations accessed in the research by You, Dunt and Doyle, (2017), Laragy and Allen, (2015), Gill et al. (2017), and Prgomet et al. (2017). These four studies examined data before 1 July 2015 when the model is first applied across the community aged care sector with the full implementation from 27 February 2017. The table also indicates the timing of data collection of the current study for qualitative Phase 1, February to April 2016, and quantitative Phase 2, Time 1, September to October 2016, and Time 2, June to-October 2017.

Table 2.6 Key dates and Australian studies, transition to consumer-directed care

Date (s)	Event/ study
2010/ 2012	Consumer-directed care first piloted in 2010-11 within the former Community Aged Care Package Program. Following an evaluation of the pilot a decision to implement consumer-directed care was announced on 20 April 2012.
2010 /2011	Laragy and Allen, (2015): Case managers (n=6), three organizations. Data collection conducted at the beginning of the pilot and the second collection 8-10 months later.
Sept 2012/ March 2013	You, Dunt and Doyle, (2017): Case managers (n=47), twenty-seven organizations.
1 August 2013	Consumer-directed care applied to all new home care packages.
December 2012 and November 2013	Gill et al. (2017): Participants, carers (n=14), clients (n=25), coordinators (n=10) and home support workers (n=8) in five Australian aged care organizations.

Date (s)	Event/ study
2013 and 2014	Prgomet et al. (2017): senior staff (n= 6) and home support workers (n=13) in a large Australian aged care organization.
1 July 2015	User Rights Amendment (Consumer-directed care) Principles 2015 (incorporated into the Aged Care Act 1997) came into effect. Consumer-directed care implemented for all home care packages.
Feb-April 2016	Current study: Phase 1 (Qualitative) Managers (n=3), coordinators (n=11); and home support workers (n=17).
Sept/Oct 2016	Current study: Data collection, Quantitative Phase 2 (Time 1), home support workers (n=174).
27 Feb 2017*	Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016 came into effect. Funding follows the consumer who is able to choose their provider and change to another provider.
June-Oct 2017	Current study: Data collection, Quantitative Phase 2 (Time 2), home support workers (n=172).

Adapted in part from Department of health (2019a)

Under the new model, clients have the power to choose services and their provider organization, with each client receiving specifically allocated funding in the form of a home care package. Management of the process and funding facilitation rests with provider organizations (Department of Health, 2015a). The power relationship between an organization and the client has changed but there appears to be no literature addressing how this change is perceived and experienced by home support workers.

2.7 Relationships in frontline service work and the service triangle

> The role of the customer is the most important unique aspect of service work. (Korczynski, 2002)

2.7.1 Introduction

Groundbreaking research by Leidner (1993, 1996; 1999) conceptualized the relationships involved in frontline service work into a triangular form that included the client, the

organization and the worker. Leidner (1996) recognized the client as playing an active role in the work process with the "familiar tug of war between workers and management" transformed into a "three-way struggle for control, with sometimes shifting alliances" (p. 31). Following the work of Leidner, research on the "sociology of work" and the frontline service worker "has engaged attention" [with a] rich diversity of empirical accounts ... of their working conditions and lived reality in a range of settings. Research on frontline service occupations has "burgeoned" (see also Bolton & Houlihan, 2010, pp. 380-381; Lopez, 2010, p. 252), and includes the occupation of frontline home support workers (K. Brown & Korczynski, 2017; Cranford & Miller, 2013). There is a gap in the literature relating to the effect of the study of "shifting alliances" in the relationships between the three actors in the service triangle during the period of change from a traditional model of care to a new model of consumer-directed care. In this study, a typology proposed by Havard, Rorive and Sobczak (2009) and the work of Lopez (2010) were used to examine the under-researched effect on the home support worker of the power transfer to the client under the new model. The typology is relevant to the current study in that it allows for assessment of workplace situations "when the relational or environmental contexts change" (p. 273).

2.7.2 Relationships

Bélanger and Edwards (2013) defined frontline service work as that which is "in direct contact with customers … and in a subordinate position in the employment relationship" (p. 345). Frontline service workers represent the employer to the client and they are usually the only ones dealing directly with the client (e.g. Frenkel, Korczynski, Shire, & Tam, 1999). The nature of frontline service work and the impact on the worker of competing demands from the organization and customer or client draw a lot of attention in the literature. For example, in a study of "customer work" and relationships therein, Troyer, Mueller and Osinsky (2000) asked the question "Who's the boss?" with findings that

customer work placed workers "in the unique position of answering to two bosses", the organization and the customer", and

> Although not formally designated as a superior to the worker in the organizational hierarchy, the customer nonetheless represents an additional set of interests and demands to which the customer worker must respond. (p. 407)

In consideration of the same question, Eddleston et al. (2002) concluded that, where customer expectations directly conflict with those of the organization, frontline service workers are "placed in a position of choosing between satisfying one at the expense of the other" (p. 94). McCammon and Griffin (2000) also recognized the "dual nature" of frontline service workers and, given they are often required to "juggle simultaneously" both employer requirements and the needs of the client, it is more than likely that these interests will collide (p. 285). Bélanger and Edwards (2013) concluded that this duality depicts "the interconnections" between the employer's "sphere of control" and the service encounter between the worker and the client (p. 446). Thus, the power transfer within the service triangle of front-line service work is a complex zero-sum game.

2.7.3 The service triangle

2.7.3.1 Introduction

Havard, Rorive and Sobczak's (2009) service triangle typology and research by Lopez (2010) on the "complex play of interests" within the service triangle were adopted in the current study to provide a theoretical framework to examine the impact of the change to consumer-directed care model on the organization, home support worker and client. This section demonstrates the relevance of the work of Havard et al. and Lopez and other researchers to this study of the change to the new consumer-directed care model in Australia on the three actors.

In service work environments, clients can participate in a range of different employment activities that influence the traditional dyadic worker and employer relationship, creating a worker, employer and client triangle (Albin, 2011). Service work is described as "interactive" involving interactions with a client (Korczynski, 2009; Leidner, 1993), which is the most important and unique aspect of front-line service work (Korczynski, 2002).

2.7.3.2 Havard, Rorive and Sobczak's typology, power and subordination

Reported by Havard et al. (2009) in research titled "Client, employer and employee: Mapping a complex triangulation", the service relationship exists directly or indirectly between the worker and the client, while the relationship between the organization and the client is the business relationship. Figure 2.4 shows that the service triangle is built on different relationships: the employment relationship under labour law, the business relationship under commercial and consumer law, and the service relationship under incomplete regulation (in the European setting at the time).

Within the service triangle, there is an employment relationship between the worker and the organization that "involves subordination, which is both de jure and de facto a power relationship" (p. 261). Within this relationship, managers acted as the agents for the organization, or alternatively, as individual actors defending "their own interests with the ability to intervene between the three actors" (p. 259). The business relationship exists between the organization and its clients. The service relationship, either "directly or indirectly, exists between the worker and the client, which not only engages the manager in direct contact with the clients but also with workers who work indirectly for the client" (p. 260; see also Korczynski, 2004). In Figure 2.4, a "fourth" actor, the government through legislation, is depicted as influencing actors in relationships outside the service triangle (for example see "commercial or consumer law" or "norms of labour law").

Figure 2.4 The triangle of relations

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Havard, Rorive, & Sobczak (2009, p. 259)

The typology proposed by Havard et al. (2009) “seeks to account for the diversity and complexities of work and employment situations created by the involvement of the client.” Built around “six static ideal-typical workplace situations” (p. 273), the typology “could be considered from a dynamic perspective. Indeed, when relational or environmental contexts change, as with change to consumer-directed care, the “triangular configuration can alter in favour of one or two of the actors.” This “complex triangulation” framework demonstrates “up to what point the three actors can individually or jointly influence each other” (p. 263). The framework, depicted in Figure 2.5, classifies the influence of power relations and categorizes each of six organizational or workplace scenarios into three levels of subordination: “subordination is maintained,” “subordination is displaced” and “subordination is diluted.” Against these categories, the prevailing situation for each work place situation is depicted in “triangular patterns” (p. 264). These patterns demonstrate the level of subordination between the employer (E), worker (W) and client (C).

Figure 2.5 Diverse configurations of the service triangle

Workplace scenario	Situation	"Triangulation patterns"(p. 264)
Subordination is maintained.	**Situation 1:** Worker remains subordinated to authority of employer, who manages to limit involvement of the client. (p.265) **Situation 2:** The client is weaker party both in business and service relationships. (p.266)	E 1 W C E W 2 C
Subordination is displaced.	**Situation 3:** Drawing from their power in the business relationship, clients exert such an influence on the workers that subordination shifts in their favour, to the detriment to employer. (p.267) **Situation 4:** The business relationship still dominates service and employment relationships, but the employer shares power with the client. (p.268)	C 3 E W E C 4 W
Subordination is diluted between worker and employer.	**Situation 5:** Workers and clients create an alliance to exert power on employer (p.270). **Situation 6:** Workers alone dominate triangle and exerts power over employer and client. (p. 271)	W C 5 E W 6 E C

Adapted from Havard, Rorive and Sobczak (2009)

In work scenarios one and two, the subordination of both the worker and the client is maintained by the power of the organization. These scenarios align most closely with the agency-directed care model. Work scenario three potentially reflects the USA's "cash and counseling" model and other international models of consumer-directed care where both the worker and the organization are subordinated to the client. Work scenario four potentially reflects the Australian consumer-directed model. Gaining choice over services, the client is empowered, which partially subordinates the organization. Maintaining power over management and service facilitation prevents full subordination of the organization. Support workers remain employed by and subordinated to the organization.

2.7.3.3 Lopez (2010) the service triangle and the complex play of interests

Lopez (2010) reported that the contribution by Leidner (1993, 1996; 1999) reframed the client “as not simply an antagonist, but also a potential ally of workers and managers” (p. 255). Lopez explained the “complex play of interests” in the service triangle. For example, in workplace situations, the interests of workers and clients may align together against those of managers; managers and clients may align against the workers; or managers and workers may align in the direction of exerting control over clients.

In a similar vein, Bélanger and Edwards (2013) proffered that, whilst power relations between workers and clients depend on a complex set of factors, they “do not always bend in the same direction” and organizations, clients and workers are not “co-equals.” The client “is an individual who can clearly exercise power in bargaining with the supplier of a product but who does not directly shape the development of the productive system” (p. 436).

In reference to Lopez and others, Rosenthal (2004) reported that frontline service workers are increasingly likely to experience organizational efforts “to heighten the legitimacy of the customer in their eyes, thereby increasing self-management of a process that is difficult to regulate externally.” These workers are therefore often subjected “to a somewhat uneasy, potentially contradictory mix of normative control and bureaucratic/technical monitoring and measurement” (p. 608).

Relating to frontline service managers and their participation in the service triangle, Bolton and Houlihan (2010) explained that a manager is *not* a “distant figure.” A manager is placed “in the moment-by-moment dynamic” within the service triangle where the manager can feel just as distant from the organization as do frustrated customers and frontline service workers. As “people in the middle”, front line service managers “perform a role that is inherently challenging and conflicted (p. 382).

2.7.3.4 The service triangle and change to consumer-directed care

Based on the literature on the transition to consumer-directed care in Australia and applying the typology adopted by Havard et al. (2009), Figure 2.6 depicts the power transfer from the traditional agency-directed care model to the Australian consumer-directed care model. The client is transferred from a subordinated position to one of power at the apex of the triangle. The transfer takes the organization from a position of overall power, but the organization does not become entirely subordinated, as it retains power over the management and facilitation of client services. The organization retains power and control over the home support worker who remains subordinated to the organization as an employee.

Figure 2.6 Consumer-directed care and power transfer.

Organization/ Employer
Agency Directed Care
Support worker
Client
Power and subordination shift
Client: Choice of services and organization.
Consumer Directed Care
Organization/ Employer: Facilitation client services.
Support worker

2.7.3.5 Summary

Havard et al. (2009) proposed a topology that, following an organizational change, allowed for the identification of changes in power or subordination amongst the three actors in the service triangle. Lopez (2010) identified that, depending on the workplace situation, the alignment of interests amongst the three actors in the service triangle may change. This typology applies to the phenomenon that is the overarching focus of this study: The empowerment of the client in the recent change to consumer-directed care in the Australian community aged care setting raises the question of how the interests of the

frontline home support worker, one of the two remaining actors, were affected. Reported by Cranford and Miller (2013), a change of this nature may create competing demands that lead to a sense of alienation amongst the workers

2.7.4 Alienation

Kanungo (1992), referring to Marx's concept of worker alienation, recognized alienation as a "form of powerlessness [and] a perceived lack of control over important work-related events that affect one's life" (p. 415). Earlier, Kanungo (1979) described alienation as a "generalized cognitive (or belief) state of psychological separation from work insofar as work is perceived to lack the potentiality for satisfying one's salient needs and expectations" (p. 131). Further, in 1982, Kanungo concluded, "if one analyzes the sociological concept of powerlessness in motivational terms, it becomes obvious that if a situation constantly frustrates an individual's need for autonomy and control, it will create a state of alienation" (Kanungo, 1982, p. 25). Hirschfeld and Field (2000) described workplace alienation as including "the extent to which a person is disengaged from the world of work" (p. 790). Nair and Vohra (2010, p. 602) explained that causes of alienation discussed in the literature mainly concern "structural elements of centralization and formalization", while tasks that give rise to "less autonomy have also been identified as contributing to alienation" (p. 602).

In the context of frontline service work, Cranford and Miller (2013, p. 256) observed that workers may find it "highly alienating" when clients have greater power over them. Korczynski (2009) recognized three prime factors as affecting the "levels of subjective alienation" in worker and customer relationships: the "substantive emotional bearing of the worker to the customer; the relative power of the two parties; and the extent to which interactions between the same two parties are repeated" (p. 956).

Within community aged care in the USA, Stacey (2011, p. 85) observed that there are times when home support workers feel alienated and "constrained, unfulfilled or demeaned by more routine some aspects of the job, particularly cleaning." The effect of doing more cleaning than caring "leads some home support workers to feel alienated from their professional work (which they regard as] their calling)" (p. 87). Despite home support workers perceiving themselves as offering all-encompassing client care, feelings of alienation can occur in circumstances where, for example, clients reduce their work to only the physical aspects of the job and openly refer to them as "maids" (Stacey, 2005). Eustis et al.'s (1993) work observed that "the wellbeing of home support workers is affected by powerlessness", and "even with good clients, workers constantly struggle to avoid being talked about or treated as 'the maid'" (pp. 68-69).

Korczynski (2009) recognized three prime factors as affecting the "levels of subjective alienation" in worker and customer relationships, – the "substantive emotional bearing of the worker to the customer, the relative power of the two parties, and the extent to which interactions between the same two parties are repeated" (p. 956). In contrast to other service occupations, Korczynski (2009) also recognized that where there is an ongoing relationship between the worker and the client and, where "a caring approach to the customer is promoted", a worker's subjective sense of alienation vis-a-vis the customer will be lower." For example, Korczynski confirmed that, in many health care roles, a lower level of alienation applied between the worker and customers or clients as these "workers tend to display care and empathetic emotions towards service recipients" (p. 958; see also Bolton & Houlihan, 2005; Lopez, 2006, 2010).

2.8 Openness to change, perceived supervisor support and job satisfaction

2.8.1 Introduction

Focusing on the third actor in the service triangle, the home support worker, this section reviews the literature on workers', in particular home support workers' attitudes, in terms of their openness to the change (2.8.2) The literature on the effect of change on workers' perceived supervisor support (2.8.3) and job satisfaction (2.8.4) are also discussed.

2.8.2 Openness to change

In the current study, examination of home support workers' attitudes to the change in terms of their openness to consumer-directed care and their acceptance of client empowerment are key factors. Research Question 1(f) and elements of Research Questions 2, 3 and 4 seek examination of these variables in determining the impact of the change on home-support workers. Openness to change is described as a worker's psychological willingness to embrace organizational or environmental changes (Miller et al., 1994; as adapted by Wanberg & Banas, 2000) and key to a successful reorganization (Oreg, Vakola, & Armenakis, 2011; Piderit, 2000). Openness to change involves a workers' willingness to support the change, with a positive approach to the potential consequences of change. Miller et al. (1994) described this willingness as "an initial condition for successful planned change" (p. 60). Workers who display a high degree of openness to change, recognize change as the norm, an important factor in their initial support for the change (Armenakis, Harris, & Mossholder, 1993). Greater exposure to change is highly associated with openness to change and job satisfaction (Holman, Axtell, Sprigg, Totterdell, & Wall, 2010). Findings by Seppälä et al. (2012) suggested that workers who have a high sense of power and are highly identified with the work unit tend to pursue

their openness to change values in a way that contributes to the organization. Such workers also recognize change as providing positive opportunities for growth.

Of particular relevance to the current study is the qualitative work by Brown and Korczynski (2017) about the UK home support workers and organizational change. Brown and Korczynski addressed the question of whether home support workers, “in a context of heightened rationalisation ... act with indifference to clients or whether they espouse and act out of a ‘caring self’, in which there is a desire to give meaningful care to clients” (p. 834). Brown and Korczynski found that, despite overwhelming negativity towards these changes, home support workers, “continued to act out of a sense of a caring self by delivering meaningful care to clients, even if this went against what management wanted them to do” (p. 846). In other words, their care for their clients was not affected by their lack of openness to the organizational change they were experiencing.

Workers with low openness to change consider change as a threat or a burden (Miller et al., 1994). Wanberg and Banas (2000) found that workers with low levels of openness to change reported less job satisfaction and more alienation as a result of greater work irritation. In research relating to health workers’ openness to change and empowerment, Kuokkanen et al. (2007) concluded that the significance of organizational change for the worker should not be underestimated. Change has a direct effect on the work environment and may contribute to higher rates of dissatisfaction among these workers. Resistance to organizational change may also severely curtail the change process and result in producing negative outcomes, including decreased worker satisfaction (Georgalis, Samaratunge, Kimberley, & Lu, 2014).

Chawla et al.’s (2004) study on the time factor in openness to change is relevant to my study. Chawla et al. found that participant workers, even one year after an organizational change, were “harbouring counter-productive sentiments”, supporting the conclusion that

"resistance to change can survive for a long time and commitment does not necessarily solidify with time" (p. 496). In periods of rapid change and reorganization, management strategies are required for reducing stress and improving job satisfaction in the workplace. Senior staff plays a critical role in ensuring that workers are fully informed of the intricacies of the change (Chawla & Kevin Kelloway, 2004; Georgalis et al., 2014; Wanberg & Banas, 2000). Provision of timely and helpful information and increased dissemination of information facilitate worker acceptance of organizational change (Chawla & Kevin Kelloway, 2004; Gagné, Koestner, & Zuckerman, 2000; Griffin, Patterson, & West, 2001; Rousseau & Tijoriwala, 1999; Wanberg & Banas, 2000). Thus, positive organizational and supervisor support contributes to the development of optimistic openness to change in the worker.

2.8.3 Perceived supervisor support

Research Question 1(f) and elements of Research Questions 2 and 3 seek to address home support workers' views on the level of supervisor support during transition to the new model. As a contributor to successful organizational change, the level of communication between the supervisor and the worker is paramount (Franzosa et al., 2018a; Franzosa et al., 2018b). Supervisors are typically the closest organizational connection to the worker and are able to communicate organizational intentions directly to their workers (Levinson, 1965). Power is often thought to rest with supervisors over workers, with workers' perceptions of supervisory power likely to influence their attitudes and behaviours (Yammarino & Dubinsky, 1994). Perceived supervisor support consists of positive interactions between the supervisor and subordinate workers. Where workers have a positive perception of their organizational [or supervisor's] support they are likely to possess positive attitudes toward their organization in general, and in particular towards their job (Eisenberger, Fasolo, & Lamastro, 1990; Shore & Wayne, 1993). Confident perceptions of supervisor support not only result in a sense of workers' obligation to their

supervisor but increase job satisfaction and improve intention to stay with the organization (Eisenberger et al., 2002). Strength of the relationship between supervisor and worker is therefore vital for securing a worker's support for change (Georgalis et al., 2014). Findings by Elias and Mittal (2011) demonstrated that "supervisor support positively impacts job involvement and that such influence is transmitted through job satisfaction" (pp. 312 & 313). Workers who experience positive treatment by their organization (or the supervisor representing the organization) are likely to respond with more favourable attitudes toward their employer (J. P. Meyer & Allen, 1991). Research by P. S. Weber and J. E. Weber (2001, pp. 295-296) found that, following a period of six months of "an announced change effort", worker perceptions of supervisory support "for improvement and perceptions of organizational readiness for change increased significantly." These researchers recognized that "early training and communication may help increase employee understanding of the change effort and allow them to progress more quickly towards acceptance of the change" (pp. 295 & 296).

Perceptions of supervisor support are important to reduction in stress and increasing job satisfaction in the workplace. In the context of an organizational restructure in the Canadian health care system, Denton, Zeytinoglu, Davies, and Lian (2002a) concluded that organizational support during a structural change represents an "important mechanism for reducing stress and increasing job satisfaction in the workplace" (p. 352).

Negative perceptions of supervisor support arising from negative interactions between supervisor and worker (Cole, Bruch, & Vogel, 2006) can detrimentally influence the welfare of an organization, other workers and clients (Liao, Joshi, & Chuang, 2004; Menguc, Auh, Fisher, & Haddad, 2013). Further, where limited supervisor support exists there is a decrease in worker satisfaction (Rizzo, House, & Lirtzman, 1970). This was evident in the qualitative study by Franzosa, Tsui and Baron (2018a) of the USA home support workers, which recognized the importance of supervisor support and its association with quality

care in a “rapidly changing industry” (p. 629). Participants reported a feeling of disconnection from their supervisors and receiving little feedback on their work. Further, “While a certain amount of autonomy improves job satisfaction, too much can have a negative effect, particularly when aides [home support workers] do not have sufficient training or open communication with supervisors” (p. 640; see also Howes, 2012). Further research by Franzosa Tsui and Baron (2018b) relating to the wellbeing of home support workers, found that, during a change process, home support workers sought “easier access to coordinators, ... to know their concerns were heard and addressed” and had a “deeper desire for coordinators to better appreciate [their] job challenges”. Home support workers desired more regular visits by the coordinator to the client’s home and training beyond client care skills that “addressed the demands of caring work, including negotiating boundaries [and] ‘boundary-setting’ for clients” (p. 6). Franzosa et al. (2018b) concluded that “one of our most striking findings” was the need for home support workers to have more connection and communication with supervisors, and each other. Franzosa et al. suggested, “when coupled with institutional support, high emotional job demands may actually improve workers’ psychological wellbeing, be perceived as professional development opportunities, and generate satisfaction and a sense of control over work” (p 8). Chen, Sparrow, and Cooper (2016) also observed that it should be expected that supervisor support would empower workers “to make decisions that enhance the service expectations” of the organization’s clients (p, 949). In the workplace environment, high level organizational and supervisor support go to the delivery of effective organizational outcomes and staff job satisfaction (Giorgi, Dubin, & Perez, 2016).

2.8.4 Job satisfaction

Job satisfaction is a significant factor affecting a worker’s participation in the workplace. Research Question 1(g) and elements of Research Questions 2, 3 and 4 seek to address the level of job satisfaction experienced by home support workers during the period of

change to the new model. A widely accepted definition of job satisfaction is “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences” (Locke, 1976, p. 1304). Concerning the relationship between job satisfaction and organizational performance, research finds that organizations with satisfied workers tended to be more effective than organizations with dissatisfied workers (Ostroff, 1992). Health workers morale, for example, is related to business performance outcomes, customer and satisfaction sentiments (Bilotta, Nicolini, & Vergani, 2011). A relationship between job satisfaction and human interaction is also likely to occur with respect to frontline service workers. Chebat and Kollias (2000) reported that the relationship between the frontline service worker and the client lies in the interaction between the worker and customer “in which satisfied employees are more likely to engage in behaviors that assist customers” (p. 73). Chebat and Kollias also found that worker empowerment influenced frontline service workers’ behaviour including making them feel better about their jobs.

Frontline home support workers viewed their relationships with clients as a central aspect of their work and consistently reported high levels of job satisfaction (Aronson & Neysmith, 1996; K. W. Piercy, 2000; Twigg, 2000). Piercy (2000) found they feel valued when close relationships are formed with the client resulting in a reduction in “status and power differentials” (p. 383). Similarly, Stacey (2011) found that, home support workers consistently described their relationships with clients as satisfying and rewarding despite exhaustion and tiredness (Markannen et al., 2014; McCaughey et al., 2013; McCaughey et al., 2012). They feel they can “make a difference” and because of their opportunity to engage in highly meaningful and highly satisfying work, they reveal “an unexpectedly positive picture” (Atkinson & Lucas, 2013; Mittal, Rosen, & Leana, 2009; Rakovski & Price-Glynn, 2010; Stone & Harahan, 2010). Brown and Korczynski (2017) observed that home support workers will “both care about and care for clients, potentially going beyond the

formal structures of the work, engaging in the sort of ‘pro-social rule breaking’ ... that has been noted in other health care occupations” (p. 836).

In contrast, in the context of an organization restructure, Denton, Zeytinoglu, Davies, and Lian (2002a) found that home support workers experienced substantially heavier workloads, loss of organizational support, and the loss of time to provide the “caring” aspects of home care work, these factors leading to increased job stress and decreased levels of job satisfaction. In their work on home support worker job satisfaction in the USA, Delp et al. (2010) also focused on the issue of loss of time for actual caring. They found that enhancement of the “relational component of care” in workplace policies may increase the ability of home support workers “to transform the demands of their job into dignified and satisfying labor” (p. 922). Delp et al. also found that where home support workers have a voice in policy decisions, worker satisfaction can be enhanced, which may also lead to improvement in the delivery of home care services (p. 937).

The “relational component” of care and aged care workers’ job satisfaction have been examined in an Australian study by Edvardsson, Fetherstonhaugh, McAuliffe, Nay and Chenco (2011) of support workers providing “person-centered care” in seven residential aged care facilities. Findings from their quantitative study were that the provision of this model of care was “not just an ideal expressed in policy documents for political correctness” but represented the care that aged care staff wanted to provide and where “high levels of person-centered care were quite strongly associated with higher job satisfaction.” They found that it is essential for support workers to be provided “with possibilities to provide the care they want to provide ... a humanistic and person-centered care that focuses on promoting quality of life of residents as well as completing care tasks and adhering to organizational routines” (p. 1211).

2.8.5 Summary of section

The literature finds that workers who display a high degree of openness to change recognize change as the norm, an important factor in their initial support for the change. Further, home support workers' openness to change and job satisfaction are positively linked to perceived supervisor support and perceptions of organizational readiness for change. In spite of difficulties often accompanying organizational change, the job satisfaction of home support workers, like other health care workers, remains potentially high because of their altruistic attitudes to their clients. There appears to be no available literature relating to the openness to change, perceived supervisor support, and job satisfaction of home support workers in the context of a change from a traditional model of agency-directed care to consumer-directed care.

2.9 Conclusion

This chapter reviewed theoretical and historical literature on consumer-directed care and provided a detailed examination of the new consumer-directed care model in the Australian community aged care sector. The roles of home support workers internationally and in Australia were outlined and were, typically, similar. The theoretical framework of this study, the service triangle typology proposed by Havard, Rorive and Sobczak (2009) and the research of Lopez (2010) allowed for the theoretical and practical exploration of the impact of consumer-directed care on home support workers. Further reviewed was literature on the effect of organizational change on the three actors in the service triangle in terms of power, subordination and alienation as major themes. Discussion followed on how these themes, in the context of frontline service work, including in the health and the home care sectors, are related to openness to change, perceptions of supervisor support and job satisfaction. Gaps in the literature were found. No empirical studies have been located that examined the perceptions and attitudes of organizationally employed aged-

care home support workers during the transition from an agency-directed care model to a consumer-directed care model. Their perceptions of power, and feelings of subordination and alienation that potentially could arise in a period of change have not been explored.

The next chapter presents a discussion of the philosophical assumptions underpinning this study and a justification of the paradigm and methodology. Also explained is the choice of mixed methods exploratory sequential design in this study.

CHAPTER 3. RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

The purpose of this study was to evaluate the lived experience and expectations of home support workers in Australia during a recent government legislated change from a traditional agency-directed model of care to a consumer-directed care model. In Chapter 1 the research problem and research questions were provided together with justification of the research and introduction to the methodology employed. Chapter 2 discussed the theoretical concept of consumer-directed care, the role and relationships of home support workers within a consumer-directed care context and the framework of the service triangle that underpinned this study. Literature relating to worker attitudes of openness to change, perceived supervisor support and job satisfaction were reviewed. The current chapter builds on Chapters 1 and 2 with justification of the paradigm and methodology and a discussion of the philosophical assumptions underlying this study (Section 3.2). An examination of mixed methods design, including an exploratory sequential design used in this study, appears in Section 3.3. Ethical considerations are explained in Section 3.4 and the chapter ends with a conclusion (Section 3.5).

3.2 Justification of paradigm and methodology

3.2.1 Research paradigm

Kuhn (1970) defined a research paradigm as “a set of beliefs, values and techniques which is shared by members of a scientific community, and which acts as a guide or map, dictating the kinds of problems scientists should address and the types of explanations that are acceptable to them” (p. 175). Other researchers variously described a paradigm as a “combination of metaphysical theory about the nature of the objects in a certain field of interest and a consequential method which is tailor made to acquire knowledge of these objects” (Harre, 1987, p. 3); a “basic set of beliefs that guide actions” (Guba, 1990, p. 17);

one that “establishes research traditions in a particular discipline” (Mouton, 1996, p. 203); or a “whole system of thinking” (Neuman, 2013, p. 94). A paradigm should be seen as a model or framework for observation and understanding and includes accepted theories, traditions, approaches, models, frames of reference, bodies of research, and methodologies (Creswell & Plano Clark, 2007; Rubin & Babbie, 2010).

The worldview or paradigm which shaped the approach in the current study was one of pragmatism where “multiple paradigms can be used to address a research problem” and which is generally accepted by pragmatists as “the best philosophical foundation for mixed methods research” (Creswell, 2003, p. 15; 2014a; Tashakkori & Teddlie, 2010). Pragmatism contends that meaning (or truth) is best established through scientific inquiry that may be “both objective and subjective in epistemological orientation” (Tashakkori, Teddlie, & Teddlie, 1998, p. 25)

Unlike other paradigms, such as post-positivism and constructivism, the pragmatic paradigm “is not committed to any one system of philosophy and reality” and focuses on using pluralistic approaches to develop knowledge about the research problem (Creswell, 2014a, p. 11; Morgan, 2007; Patton, 1990; Tashakkori & Teddlie, 2010). With a focus on methodology, the pragmatic approach places emphasis on the research problem and uses all available approaches to understand the problem. The pragmatic approach allows researchers the freedom to choose methods that are the most appropriate for their studies, rather than relying on one paradigm or method exclusively (Tashakkori et al., 1998).

This study adopted a pragmatic approach because of its ability to answer both qualitative and quantitative research questions that other paradigms cannot. The approach allows stronger inferences through depth and breadth in answer to complex social phenomena and provides the opportunity through divergent findings for an expression of differing viewpoints (Tashakkori et al., 1998). A research paradigm is an all-encompassing system

of interrelated practice and thinking that defines the nature of enquiry and consists of the components of ontology, epistemology and methodology (Bryman & Bell, 2001; Crotty, 1996; Guba, 1990; Terre Blanche & Durrheim, 1999).

3.2.2 Ontology and epistemology

Researchers' ontological, epistemological, and methodological assumptions underpin their research paradigms. Ontology refers to the nature of being, epistemology refers to the nature of knowledge, and methodology refers to a system of methods for acquiring knowledge. The ontological question asks: *What is the form and nature of reality and, therefore, what is there that can be known about it?* The epistemological question asks: *What is the nature of the relationship between the knower or would-be knower and what can be known?* The methodological question asks: *How can the inquirer go about finding out whatever he or she believes can be known*? (Guba & Lincoln, 1994, p. 108). Further, Grix (2004) explained that, by clearly setting out the relationship between what a scholar thinks can be researched (the ontological position) and connecting it to what can be known about it (the epistemological position) and how to go about acquiring it (the methodological approach), "one can begin to comprehend the impact your ontological position can have on what and how you decide to study" (p. 68).

Ontology is concerned with "articulating the nature and structure of the world" (Crotty, 1996; Wand & Weber, 1993, p. 220). Blaikie (2000) suggested that ontological claims are "claims and assumptions that are made about the nature of social reality, claims about what exists, what it looks like, what units make it up and how these units interact with each other. In short, ontological assumptions are concerned with what we believe constitutes social reality" (p. 8). Ontological positions are those contained within the perspectives of "objectivism" and "constructivism". Bryman (2001) broadly described objectivism as "an ontological position that asserts that social phenomena and their meanings have an

existence that is independent of social actors". Alternatively, Bryman referred to constructivism as arguing "that social phenomena and their meanings are continually being accomplished by social actors … It implies that social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision" (pp. 16-18).

Epistemology denotes "the nature of human knowledge and understanding that can be acquired through different types of inquiry and alternative methods of investigation" (Hirschheim, Klein, & Lyytinen, 1995, p. 20). In addressing the concept of ontology and epistemology, Fayolle, Kyro and Ulijn (2005) argued, "we can see that they are some kind of 'rules of the game' and we have different rules ... these rules are interconnected within each game. If we assume that knowledge is not one entity but many and, as it changes, it is reasonable to assume that we have different ways of studying it." (p. 136). A particular view of the world and of reality are shaped and determined by epistemological orientations and provide guiding principles upon which research methodologies are based (Lincoln & Guba, 1985).

My professional experience over a period of some 45 years in three Australian states and the Northern Territory assisted in the development of ontological perspectives and acceptance of a pragmatic approach to my study. This experience included senior managerial roles in human resources and industrial relations in both the public and private sectors and with an industrial organization representing professionally qualified employees. The initial selection of the topic of my study and its justification was founded on this work experience. Specifically, my work included management of strategic and policy issues and day-to-day management and consultancy on contentious workplace issues including those relating to organizational change at a local and systemic level. My work involved employees at the executive, professional, technical, clerical, operational and

frontline service levels across a range of services and industries, including the public education and health sectors.

During my professional life, I had opportunities to define and unpack complex problems associated with organizational change affecting workers, including frontline service workers, and their relationships This included workers in the education sector (e.g. teachers, teacher aides, school bursars and front office workers), health sector (e.g. orderlies, registered nurses, nursing aides and domiciliary care workers), public libraries (librarians and library assistants) museums (exhibition attendants), correctional services (warders and youth workers), law and emergency services (police and fire brigade officers), national parks (rangers), a zoological park (attendants) and workers with customer related service responsibilities in the public and private sector and not-for-profit organizational settings.

In my experience, any approach to a successful outcome of workforce acceptance of organizational change requires sensitive and constructive negotiations and open communications with affected workers and their representatives. In the initial reaction to change workers usually display resistance and concerns about the unknown impact of the change. I believe that this resistance and concern can be alleviated where organizations, managers and supervisory staff clearly communicate the overall objectives of the change to subordinate workers. Poor communication can lead to distrust and misconceptions about the change, work confusion, disruption or industrial unrest with the possible effect of loss in productivity and poor relations with customers or clients. With effective communication, workers are more likely to be open to change.

This experience led me to recognize the importance of the systemic change to consumer-directed care in Australia and the potential significance of the change on frontline home support workers, who previously operated under a traditional model where organizations

controlled and managed the care agenda for aged clients. I recognized that frontline home support workers are critical actors in the welfare of clients and the successful implementation and ongoing delivery of consumer-directed care. Through research, these workers deserved attention to their perceptions of the change as it related to their lived experience and their relationships with the organization and the clients. The following section outlines the methodology used to explore these perceptions.

3.3 Methodology

3.3.1 Introduction

Methodology is concerned with how knowledge about the world is gained. Methodology is "an articulated, theoretically informed approach to the production of data" (Bennett, Ward, Scarinci, & Waite, 2015, p. 9), or the strategy or plan of action, which "lies behind the choice and use of specific techniques and procedures used to collect and analyze data" (Crotty, 1996, p. 3). This section outlines the reasons for the choice of methods in this study.

3.3.2 Mixed methods approach

Based on the paradigm of pragmatism and ontological and epistemological views, the most appropriate method to answer problems formulated in the research questions in the current study was deemed to be a mixed methods approach. This methodology was described as "the third major research approach or research paradigm, along with qualitative research and quantitative research" (Johnson, Onwuegbuzie, & Turner, 2007, p. 112). Since the mid-1990s, a mixed methods approach has become, increasingly accepted (Creswell, 2009) and is generally considered as a legitimate, stand-alone research design (Creswell, 2003; Tashakkori et al., 1998). A "single" definition of a mixed method study is,

> The collection and analysis of both qualitative and quantitative data in a single study in which the data are collected concurrently or sequentially, are given priority, and involve the integration of the data at one or more stages in the process of research. (Creswell et al., 2003, p. 165)

Shannon-Baker (2016) claimed that the mixture or integration of qualitative and quantitative approaches, “can take place in the philosophical or theoretical framework(s), methods of data collection and analysis, overall research design, and/or discussion of research conclusions” (p. 321). Other researchers viewed that the purpose of a mixed methods research is to provide a more complex understanding of a phenomenon that would otherwise not have been accessible by using one approach alone.

Pragmatists “believe that multiple paradigms can be used to address a research problem (Creswell et al., 2003, p. 15) and it is generally accepted as “the best philosophical foundation for mixed methods research” (Creswell, 2014a; Creswell et al., 2003, p. 15; Tashakkori & Teddlie, 2010). Researchers can “liberally’ draw from quantitative and quantitative assumptions.” Using mixed methods, pragmatists “look to the *what* and *how* questions”, based on likely consequences of the research, “because they work to provide the best understanding of the research problem” (Creswell, 2014a, p. 11). Opening the way to multiple methods of research, pragmatism offers “different worldviews, and different assumptions, as well as different forms of data collection and analysis” (Creswell, 2014a, p. 11).

A mixed method design “can answer research questions that other methodologies cannot in that it provides better (stronger) inferences and opportunity for presenting a greater diversity of divergent views” (Charles Teddlie & Tashakkori, 2003, pp. 14-15). The design offers a “logic of inquiry [that] includes the use of induction, discovery of patterns, deduction, testing of theories and hypotheses, and abduction, uncovering and relying on the best set of explanations for understanding one’s results” (Johnson & Onwuegbuzie,

2004, p. 17). Johnson and Onwuegbuzie (2004) and other researchers (Bazeley, 2003; Greene & Caracelli, 1997, 2003; Maxcy, 2003; Charles Teddlie & Tashakkori, 2003) argued that pragmatism offers a practical and outcome-orientated method of inquiry based on action, and leads, iteratively, to further action and the elimination of doubt. A mixed method approach offers a method for selecting methodological mixes that can help researchers better answer many of their research questions (p. 17). This approach is also practical because it allows researchers "to solve problems using numbers and words, combine inductive and deductive thinking, and [to employ] skills in observing people as well as recording their behaviour" (Creswell, Klassen, Plano Clark, & Smith, 2011, p. 13). In this study, findings from qualitative Phase 1 informed the development of a questionnaire used in quantitative Phase 2. Additionally, with the use of exploratory and confirmatory factor analysis, a new measure was validated, as reported in Chapter 5.

The objective of the current study was to utilize the strengths of both the qualitative and quantitative approaches to research. This approach explicitly seeks a "synergistic benefit from integrating both the post-positivist and constructivist paradigms. The underlying assumption is that research is stronger when it mixes research paradigms, because a fuller understanding of human phenomena is gained" (Rocco, Bliss, Gallagher, & Pérez-Prado, 2003, p. 21). Exploration of a person's perceptions using both qualitative and quantitative methods and its design should provide a more complete answer to the research questions (Creswell & Plano Clark, 2007)

A significant outcome of the current study was the development of an instrument to test the impact of the new model of consumer directed care on home support workers. Teddlie and Tashakkori (2003) asserted that when developing and testing research instruments, sequential exploratory mixed methods design is most frequently chosen by researchers. Creswell and Plano Clark (2007) reported that this design was appropriate when reliable

and valid measures are unavailable. This was the case in the current study where emerging themes from the qualitative study had not been previously tested or measured. The sequential mixed method design allowed for development items based on a system of thematic analysis. This design therefore provided a systematic approach to explore the views of the home support workers work during the qualitative phase.

3.3.3 Mixed methods research design

Creswell and Plano Clark's (2011) typology of commonly used designs that include convergent parallel design, explanatory sequential design, exploratory sequential design, embedded design, transformative design, and multiphase design. For this current study, an exploratory sequential mixed method design was adopted. In contrast to a sequential explanatory mixed methods design, the exploratory design begins with and prioritizes the collection and analysis of qualitative data.

The purpose of the sequential exploratory design is to ascertain whether data collected from a small number of participants in the first qualitative phase can be generalized in the second quantitative phase to a large sample of the population (Creswell, 2014a, pp. 225-226). Benefits of the exploratory design, as explained by Creswell & Plano Clark (2011), are the exploration of relationships when study variables are unknown, the possibility of development of new instruments based on the initial qualitative analysis, generalization of qualitative findings, and refinement or testing a developing theory.

The sequential exploratory mixed methods design has the potential to build "on the results of the qualitative phase by developing an instrument, identifying variables, or stating propositions for testing based on an emergent theory or framework. These developments connect the initial qualitative phase to the subsequent quantitative strand of the study" (Creswell et al., 2011, p. 87). In fact, in the current study, emergent data derived from the qualitative phase was used in the development of a questionnaire and, using exploratory

factor and confirmatory analysis from the quantitative data, a new measure was validated (Chapter 5).

Creswell (2014b) defined mixed methods as the collection and analysis of both qualitative (open-ended) and quantitative (closed-ended) data, and integration of the two forms of data either at the same time or in sequence. “These procedures can also be informed by a philosophical world view or a theory” (p. 217). The current study adopted a sequential exploratory mixed method approach, beginning with a qualitative phase which informed a questionnaire for a quantitative phase, underpinned by service triangle theory (Havard et al., 2009; Lopez, 2010). . This approach and the processes used and justified are consistent with the latest recommendations of Harrison, Reilly, and Creswell (2020).

Details of the respective methods and their processes used in the qualitative and quantitative phases, in the development of questionnaire and validation of the measure are explained in Chapters 4, 5 and 6. The research questions were addressed in two phases of the mixed methods study:

Phase 1:

- Research Question 1 - qualitative Phase 1 (2016) conducted between February and April.

Phase 2: Research Questions 2, 3 and 4 – quantitative Phase 2 applied on two occasions: Time 1, 2016 between September and October and Time 2 2017 between June and October:

- Research Question 2 was addressed by a comparison between responses to the open-ended response in quantitative Phase 2 in the questionnaires conducted in 2016 (Time 1) and 2017 (Time 2).

- Research Question 3 was addressed through multiple regression analysis of the questionnaire data from quantitative Phase 2 (Time 1, 2016) to triangulate with the qualitative research outcomes of Phase 1 (2016) of this study.
- Research Question 4 was addressed from the results of a repeated measure paired-samples t-test of data from matched home support worker participants from quantitative Phase 2 (Time 1, 2016 and Time 2, 2017) to triangulate with the qualitative comparison of the open-ended responses in the 2016 (Time 1) and 2017 (Time 2) questionnaires.

Two triangulations occur in the current study:

- The 2016 Phase 1 qualitative study (RQ1) and the 2016 quantitative multiple regression study (RQ3)
- The 2017 (Time 1) and 2017 (Time 2) qualitative analysis of written responses in the questionnaires and t-test of the means of the quantitative matched data of Time 1 (2016) and Time 2 (2017).

These triangulation processes accord with Creswell (2003) who noted,

> In concurrently gathering both forms of data at the same time, the researcher seeks to compare both forms of data to search for congruent findings (e.g., how the themes identified in the qualitative data collection compare with the statistical results in the quantitative analysis. (pp. 217-218)

3.4 Conclusion

The research for this study was conducted with a mixed methods design using interview and descriptive statistics. This chapter outlined the research paradigm, and the research strategies and the sequential exploratory mixed methods design used in the study. This methodology equipped was the most effectual approach for gathering data about the under-researched lived experience, perceptions and expectations of home support

workers in their journey of change to the new model of care**.** Next, Chapter 4 describes processes, analysis and findings from qualitative Phase 1 (2016) of this study.

CHAPTER 4 QUALITATIVE PHASE 1 (2016)

4.1 Introduction

Chapter 3 explained the paradigm and methodology including the sequential exploratory mixed method design adopted for the whole of this study. In this chapter, the method and findings of qualitative Phase 1 are explained. The primary purpose of this chapter is to describe the analysis of the data from qualitative Phase 1, with the view to exploring the attitudes and perceptions of home support workers experiencing the early stage of organizational change in the context of the legislated change to consumer-directed care. The outcomes of this qualitative (Phase 1) study informed the development of a questionnaire (Chapter 5) for a larger quantitative study (Phase 2) with the purpose of further examining and validating outcomes. Through the agency of template analysis (N. King, 2012) of the interview transcripts of participant home support workers, unexplored issues emerged relating to their perceptions of change in their power and feelings of subordination and alienation. The qualitative study also identified home support workers' attitudes regarding client empowerment, supervisor support and job satisfaction under the new model of consumer-directed care. Thus, this chapter reports on the outcomes of the qualitative study addressing Research Question 1 and its sub-questions.

Research Question 1

> What were home-support workers' attitudes and perceptions during the early stage (2016) of the implementation of the change to the consumer-directed care model in the community aged care sector? How did they experience the change?

The following sub-questions deal with their attitudes towards client empowerment, and their perceptions of power in their role, their sense of subordination and alienation in their

relationship with clients, and their experience of supervisor support and job satisfaction, at the early stage of implementation:

RQ1(a): What were the attitudes of the home support workers towards the change, in particular to the concept of client empowerment?

RQ1(b): Did home support workers perceive a change in power in their role.

RQ1(c): Did home support workers experience feelings of subordination in their relationships with clients as a result of the change?

RQ1(d): Did home support workers experience feelings of alienation in their relationships with clients as a result of the change?

RQ1(e): What were the perceptions of managers and coordinators about the impact of the change on home support workers?

RQ1(f): What were the perceptions of home support workers regarding supervisor support?

RQ1(g): What were the perceptions of home support workers regarding their job satisfaction?

4.2 Data collection

4.2.1 Participating organizations

Following informal discussion and a formal letter from Flinders University (Appendix 1), three aged care not-for-profit organizations in one Australian state agreed to participate in qualitative Phase 1, which involved interviews with managers, coordinators and home support workers. These organizations employed a combined total of 250 home support workers. In addition to the provision of home care services under consumer-directed care, these organizations varied in complexity of services and size. The largest organization offered a wide range of services at a national level, including veterans' care, retirement care services, community residential accommodation options, domestic, personal, and

residential nursing home services, and short-term aged care transition services. At a state level, this organization employed 1800 staff, including 140 home support workers. The second organization provided residential and other community services and engaged a total of 500 staff, including 60 home support workers. The third organization also provided residential and community aged care services with 400 staff, including fifty home support workers.

The initial contact point was a meeting with each manager of the three organizations, where I discussed my independent study and received permission to contact coordinators. I then phoned and organized face-to-face meetings with all the coordinators individually, to gain their permission and organize the procedures for interviewing home support workers. During these meetings I also interviewed each manager and coordinator. Prior to each interview they signed an informed consent form. They then provided views on the implications of consumer-directed care on themselves and home support workers in their organization. I then organized the procedures for meeting home support workers. The first step was to attend training meetings where the managers kindly allowed me to explain my project to the attending home support workers. The managers suggested I come to the office on various days and ask any home support worker who happened to be there for payday or other administrative purposes if they would agree to be interviewed. In this way I managed to organize 17 voluntary interviews with home support workers across the three organizations, as a random convenience sample, (Onwuegbuzie & Collins, 2007; C. Teddlie & Yu, 2007). Section 4.2.2 provides further details regarding informed consent, autonomy and confidentiality.

4.2.2 Participants

A total of thirty-one participants across the three organizations participated in the qualitative study consisting of:

- Managers (M) (n=4), responsible for the overall management and direction of home care services within their respective organization, who typically reported to a senior executive with responsibility for a broad range of functions across the organization;
- Coordinators (CSC) (n=10), reporting to a manager, accountable for the facilitation of client programs and the supervision of home support worker supervision.
- Home support workers (HSW) (n=17) who assist clients with daily living, including personal and hygiene assistance, domestic duties, community inclusion, social support and recreational activities.

4.2.2.1 Managers and coordinators

Introductory discussions were held with senior human resources management staff and the managers in each of three organizations to discuss protocols and to access arrangements for interviews with coordinators and home support workers. Exploratory interviews were held with each senior manager and the full complement of coordinators from each of the three organizations to obtain information on the policy and operational context in which the transition to consumer-directed care was managed within their organization. Particular regard was paid to their perceptions of the effect of the transition to the new model on their work and on the role and relationships of home support workers.

Prior to the commencement of the interviews, managers and coordinators were provided with information regarding the nature of the study. They provided formal consent to participate (Appendix 2). Interviews were conducted in a private workplace location (see also Appendix 3 for interview schedule for managers and coordinators). A second round of interviews was held with managers and coordinators following the completion of participant home support worker interviews. The purpose of the second interview was to seek clarification of issues raised by home support workers in their interviews.

4.2.2.2 Home support worker participants

Face-to-face semi-structured interviews were used to interview the thirty-one participant home support workers. As a prerequisite for participation, home support workers had to have previously worked under the former traditional agency-directed care model. The nature of the work of home support workers means that they are not office-based and their work location varies almost daily. Logistically, this created access and timing issues for the conduct of interviews, but this issue was resolved as home support workers are customarily required to attend the office on a certain day to finalize their pay sheets and to meet with their coordinator. With the permission of each organization, I attended the office on those days and randomly sought interviews from home support workers who were present at the time. The spontaneity of arranging these interviews did not affect the willingness of each home support worker to participate in the interview.

By reference to the research questions, literature and interviews with managers and coordinators, an interview guide (N. King & Horrocks, 2010, p. 35) for home support workers was developed (Appendix 5). The purpose of the guide was to provide the researcher with a basic structure for the conduct of the interview. Before the commencement of each interview, participants were invited to sign an interview consent form (Appendix 2). The consent form advised the home support worker of their right to refuse to participate either before the commencement of the interview or at any time during the interview. They were also advised that the interview would be confidential with their anonymity maintained. Each agreed to the interview being recorded. Participants were provided with an information sheet that explained the purpose of the interview. They were given time to read the sheet and to ask questions about its content and the interview protocol (Appendix 4). Each participant was also invited to ask questions about the purpose of the interview and the study.

During each interview, home support worker participants were given ample time and scope

to express their diverse views, which allowed me to react to and follow up on emerging ideas. Questions were ordered and related to the flow of the conversation with each participant and, where appropriate, these questions were followed up by several probes and prompts designed to dig deeper and extract richer and more in-depth data (Bryman & Bell, 2001). Open-ended questions allowed participants to freely voice their experiences and minimized the influence of the interviewer's attitudes and previous findings (Creswell & Creswell, 2005). Participants appeared open in their demeanor and candid in the sharing of their thoughts and perceptions. They seemed pleased that an outside person had expressed interest in their work. They enthusiastically, but thoughtfully, responded to questions, and willingly provided information they thought relevant. In some instances, participants freely went beyond the intent of the question. The duration of each interview was generally between thirty to forty minutes.

The device used to record each interview was a voice recorder application on a password protected Samsung Galaxy 5 mobile telephone. An experienced transcriber who had signed a confidentiality form (Appendix 6) recorded each recorded interview. The transcriber did not receive identifying information concerning the participants. Before sending an email transmission of each interview to the transcriber, each file was allocated a specific and a separate alpha/numeric identifier.

To enable further interviews of these participants during the course of the study, a separate listing of the name of each interviewee and the corresponding alpha/numeric identifier was kept in a password-protected file. Each transcription was concurrently checked for accuracy by listening to the recording and reading its content simultaneously. Minor errors were corrected. For verification, interview transcripts were emailed to each participant in a Microsoft Word file attachment. Five participants suggested minor changes that were accepted.

4.3 Participant demographics

Table 4.1 provides the demographic information of participant managers, coordinators and home support workers that includes their years of experience in aged care. Age and gender profiles for home support worker participants were in line with profiles identified for the home support worker cohort across Australia, which is 52 years of age, of which 89 percent are female (Mavromaras et al., 2017). Fourteen of the seventeen home support worker participants were above the age of forty-five years, with four over the age of sixty-five years. All home support worker participants, but one, held post-secondary school qualifications with the majority possessing vocational Certificate 111 or IV in care work that includes studies suitable to the role of home support worker within the community aged care sector. As part of the formal Australian Qualifications Framework these qualifications fall below that of Diploma level (e.g. Qualified enrolled nurse status) and well below university graduate level (e.g. Registered Nurse/Social worker status) (AQF, 2019).

Table 4.1 Characteristics of interview participants

Characteristics	Managers (M) (n=4)	Community Service Coordinators (CSC) (n=10)	Home Support workers (HSW) (n=17)
Age: 25-30	-	1	1
31-45	2	6	2
46-50	-	1	4
51-55	1	1	3
56-60	-	-	3
60-65	1	1	4
Gender			
Female/male	3/1	10/0	14/3
Highest qualification			
High school	2	-	1
Certificate 3	-	-	6
Certificate 4	-	1	4
Diploma	-	-	1
Degree	1	8	2
Postgraduate degree	1	1	1
Time with current organization			
Less than 1 year	1	1	2
1-2 years	-	3	4
3-5 years	1	5	6

6-9 years	-	-	2
10-12 years	1	-	3
More than 12 years	1	1	-
Prior experience in aged care			
*Nil	-	-	6
1-5 years	-	7	3
6-9 years	1	2	5
10+ years	3	1	3

* These were home support workers who had worked in only one organization for many years.

4.4 Template analysis

A significant amount of data is generated in most qualitative research studies. Establishing a system for coding relevant quotes from the data assists in the productive and speedy analysis of data. I used template analysis (N. King, 2012) to analyze interview transcripts of the managers, coordinators and home support workers. Waring and Wainwright (2008) observed that this method of thematic analysis has “gained credibility in health and sociology related fields” (p. 85). Brooks and King (2012) noted that template analysis “can be used to pragmatically address real-world issues in a wide variety of settings”. King (2012) described template analysis as a “style of thematic analysis that balances a relatively high degree of structure in the process of analyzing textual data with flexibility to adapt it to needs of a particular study” (p. 426).

Template analysis was chosen for this study because it “works particularly well when the aim is to compare the perspectives of different groups of staff within a specific context” (N. King, 2004, p. 257). For example, the characteristics of template analysis are well suited to the current study in that it allows for comparison between the theoretical framework and the lived experience of home support worker participants. Template analysis is also consistent with the primary objective of the study, which is to explore, in a changed context, workers’ perspectives of their lived experiences of workplace relationships (Crabtree & Miller, 1999). The flexibility of the template analysis method allowed a more open and direct exploration and organization of the qualitative data arising from the

interview transcripts. Holt and Thorpe (2008) endorsed this approach and asserted that a key issue is how to efficiently manage the quantity of text that is generated by qualitative research. Holt and Thorpe explained that a major concern is “where to start in the long and involved process of making sense of the data collected”. For this reason, they viewed template analysis as allowing for ordered data placement from the beginning of the process and providing researchers with “a relatively clear path to follow in creating a structure for the analysis of their data” (p. 221).

Processes recommended by King (N. King, 2004, 2012) were followed. A template was constructed with a priori themes based on the literature and research questions expected to be relevant to the analysis, as well as with associated codes generated from a sub-set of data. Codes from the sub-set were initially obtained through extensive readings of the transcripts of two home support workers from each participating organization. This allowed for initial identification of codes connected to a priori themes. The remaining transcripts were then read repeatedly and coding of the transcripts was carried out by hand. The final template provided the framework for the analysis and “interpretation or illumination” (N. King, 2012) of the data.

4.5 Final template

Following temple analysis processes, a final template was developed (Table 4.2). The template identifies a priori themes taken from the literature, research questions and a subset of the qualitative data, and codes emerging from the analysis of all the data. The six overarching a priori themes are “openness to change”, “power”, “subordination”, “alienation”, “job satisfaction”, and “perceived supervisor support”. The codes, as outlined in Table 4.2, are categorized under the broad headings of the themes.

Table 4.2 Template Analysis: final template

A priori themes	Codes	Research question
Openness to change (Crabtree & Miller, 1999; Wanberg & Banas, 2000)	Home support workers' attitudes and perceptions regarding the model: • Support for the new model and client empowerment • Recognition that consumer-directed care is government initiated and controlled. • No noticeable change • Indications of resistance to change. • Preference for the previous model. • Undecided between the two models.	RQ1(a)
Power (Havard et al., 2009; Lopez, 2010) and complex play of interests (Lopez, 2010)	Power • No perceived change in role • Role change: Client independence and greater awareness of client rights • Role change: Client advisory, representation and advocacy roles	RQ1(b)
Subordination (Havard et al., 2009; Lopez, 2010)	Subordination • No perceived change in worker power and relationships • Feels treated as an employee of the client • Works for client	RQ1(c)
Alienation (Bélanger & Edwards, 2013; Cranford & Miller, 2013; Lopez, 2010)	Alienation • Rights ignored • Feels like being treated like a servant to the client • Loss of power and control • Anticipated loss of power and control (baby boomers) • Unfair expectations	RQ1(d)
Perceived supervisor support (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Franzosa et al., 2018a; Shanock, 2006)	Perceived supervisor support • Satisfied with level of supervisor support. • Impact of change on supervisor support.	RQ1(f)
Job satisfaction (K. Brown & Korczynski, 2017; Delp et al., 2010; Locke, 1976)	Job satisfaction • Relationships with clients.	RQ1(g)

* RQ1(e): *What were the perceptions of managers and coordinators about the impact of the change on home support workers?* This question is addressed in conjunction with participant home support worker responses.

The codes under the a priori theme of openness to change were of the home support workers' reception of the new model. These codes explored the detail of home support workers' attitudes and perceptions in their experience of working under the new model. The three a priori themes power, subordination and alienation referred to the effect of the consumer-directed care model on the home support workers' relationships with their clients.

There is a close link between the codes under subordination and alienation, which could be interchangeable. This complexity is discussed briefly in the conclusion to this chapter and addressed in the quantitative study (Chapter 5). The last two a priori themes, perceived supervisor support and job satisfaction engendered codes relating to the home support workers' perceptions about their relationship with the organization. The findings are reported in the next section under the headings of the sub-questions of Research Question 1 in the order of the codes listed in the template.

4.6 Findings

The findings of the template analysis, addressing the multiple segments of Research Question 1 (a-f), are reported below under the theme headings with code subheadings. The data in response to Research Question RQ1(e): "What were the perceptions of managers and coordinators about the impact of the change on home support workers?" are provided following discussion of home support worker perceptions under each code.

4.6.1 Research Question 1(a)

This section reports the interview transcripts evidence that addresses RQ1(a): *What were the attitudes of the home support workers towards the change, in particular to the concept of client empowerment?*

Template analysis regarding the home support workers' openness to change and acceptance of client empowerment was undertaken on the interview transcripts under the codes: "Support for the new model and client empowerment", "Recognition that consumer-directed care is government initiated and controlled", "No noticeable change", "indications of resistance to change", "preference for previous model", '"undecided between the two models" and, "support for the new model". With client welfare predominantly in mind, participant home support workers offered a divergence of views about their openness towards change and client empowerment.

4.6.1.1 Support for the new model and client empowerment

The majority of home support worker participants enthusiastically indicated in principle support for the consumer-directed care model and demonstrated their commitment by placing particular emphasis on benefits it offered the clients. Overwhelmingly, home support workers welcomed the change, with particular emphasis on client empowerment and a willingness to support clients in achieving empowerment under the new model. For example:

> I find the new system for me personally is great because I love the fact that the client has more control and they can pick off a menu. I love the fact that they are happier that they have been empowered. (HSW13)

> I think that it does give people choice… I really do think it's a good idea … whatever [the clients] need, whatever they want; it's fine with me. That's the whole idea. We are there to support. I think it is [different] because [clients] are more confident about saying "I want this" or "I want that". (HSW3)

> [Under the previous model] it was a little bit of negotiation [with the client] but it was more they would tell the clients when it suited [the organization]...I think the clients seem happier...The ones that understand it anyway... The client has his or her own budget. It's easier now. It's good. (HSW5)

> For me CDC is all about the client. It's what they want. If they want to go and visit their sister for an afternoon we can organize it for them or if they want someone to come and sit with them or help prepare a meal or clean. It's all about their needs and what makes them feel good and betters their life in their own time. (HSW11)

> I feel, is that the client has the ability to say what they would like, what services they would like. (HSW1)

> It's very directed at the client's needs and wants; that's what it's focused on, very much so, and giving the client more variety in how they use their [home care] package. (HSW10)

Response: managers and coordinators

Managers and coordinators recognized that home support workers worked diligently for the client and were supportive of the change to consumer-directed care. Demonstrating high levels of candour, managers and coordinators acknowledged the significance of the role and contribution of home support workers in delivering effective client services and representing the image of their organization. For example:

> These workers are the core and the absolute to me – they are the backbone. (CSC6)

> For whatever reason then everything we've done is just pointless because at the end of that day [home support workers] are out there with the client. (CSC10)

In further acknowledgement of the work of home support workers, one coordinator claimed that, because of the high number of clients, the worker was effectively undertaking the coordination role:

> There are so many clients I don't need to do any coordination … whatsoever because the care workers do it all. And that's why we are in this industry. The care workers are the reason the client has a package because they are providing the care up front. (CSC6)

4.6.1.2 Recognition that consumer-directed care is government initiated and controlled

In their overall acceptance of the new model, most home support workers recognized, some critically, that the change was externally imposed by government legislation, which controlled its application and implementation, rather than internally by their organization.

> I just think it's the government trying to put more decisions into individual's hands and in some ways that's fantastic. I think that it just gives the individual, the client themselves more of a say on what they want on and what they need. (HSW9)

> I don't think the government understands; the government that makes the rules doesn't really understand the elderly. I think they need to go out into the community and go around to some of these people and talk to them ... Because they are just saying you have to do this. They've brought the law in. You really haven't got a choice. And I think that's wrong. (HSW6)

Many of interview transcripts contained similar statements, both by home support workers and by coordinators concerning the role of the government in the implementation and funding of consumer-directed care.

4.6.1.3 No noticeable change

Based upon elderly clients not yet recognizing opportunities under the new model, or being "set in their ways" (HSW3), some home support workers reported no noticeable change from the previous model. For example

> I haven't noticed too much of a difference but I've been getting reports back from the coordinators that there is a big difference in the last eight months. (HSW9)

> No change with the CDC. Clients and carers' needs have not been compromised. (HSW7)

Clients] haven't noticed the change because they are set in their ways. They've been there from before CDC but nothing has changed for them other than they know that if they've got money over they can have something more. (HSW3)

I haven't really noticed that much of a difference at the moment as CDC is still relatively new. [This will not happen] until a lot of the clients actually realize what they can and can't do. [The clients] know they can ring up and request other things but at the moment they are happy with the services they are getting…. Yes, so they are not looking for extra. (HSW4)

4.6.1.4 Indications of resistance to change

Some participants offered indications of resistance and a level of cynicism to financial aspects under the new model. For example,

Of course, when we first heard about it we thought, 'Why are they going to let the client know all about the costs and things like that?' We were concerned about the client. Not about me. It's like all the admin. And I think: why should they have to worry about that? Because some people would worry about that. (HSW12)

4.6.1.5 Preference for previous model.

Home support workers (HSW5, HSW9 HSW12, HSW16) deemed that financial arrangements under the former traditional model were preferable, as greater flexibility existed in the allocation of services to the clients. For example:

Under the previous system, we used to, as mean as it sounds, rob Peter to pay Paul and get it all balanced out between the clients. They didn't have their individual money. (HSW5)

[Previously,] you could get some money for each client and it was distributed accordingly … and we had to make sure the client didn't run out of that fund sufficient for the job. The client had x amount of money at that stage and that would accumulate … I would say [under consumer-directed care the rules] are quite a bit stricter so we must follow [them] more strictly. We [previously] had more freedom. (HSW16)

4.6.1.6 Undecided between the two models

A number of home support worker participants advised that they supported features of both the former traditional model and consumer-directed care:

> [Under consumer-directed care], basically the clients can request anything … So it's good if there is a need that hasn't been met …Then it's a bad thing if they have already got so much time allocated for other things. Their essential services, to me, should come first ... it's that fine balance between the essential services and what they want. (HSW4)

> [The old system] runs smooth and the clients seemed to be happy. [I also like] CDC because the clients have got a choice. (HSW6)

4.6.1.7 Summary

The demeanour of participants, whatever their views about the new model, revealed a warm caring connection with the client. Some workers were concerned about the inadequate number of the right level of home care packages available, which limited the care that could be provided. This caused some a sense of frustration and anxiety. Other home support workers were also distressed about clients asking for work that is not appropriate or not in the client's best interests, but on the whole, home support workers recognized that the change was government initiated and legislated and therefore these problems were not the organization's fault.

Most home support workers agreed with the concept of client empowerment because they felt that giving the clients more rights and control over the care they receive made clients happier and was a good thing in principle. The attitudes of the home support workers were overwhelmingly positive. Managers and coordinators recognized the significant contribution of home support workers.

4.6.2 Research Question 1(b)

This section reports the interview transcripts evidence that addresses RQ1(b): *Did home support workers perceive a change in power in their role.*

Template analysis regarding the home support workers' perceptions of change in their role was undertaken on the interview transcripts under the codes: "No perceived change in role"; "Role change: client independence greater awareness of client rights"; "Role change: Client advisory, and representation and advocacy role".

4.6.2.1 No perceived change in role

Some respondent home support workers did not personally recognize a transfer of power in their role. They experienced no change in their dealings with clients or felt that it was too early in the transition process to identify a noticeable change. For example:

> There is not so much different in my work so it doesn't bother me ... I think the jobs are the same ... My jobs haven't changed and the way I interact with clients. (HSW8)

> I haven't really noticed too much of a change, to be honest, in terms of my role. I think it is more of a change for the clients. (HSW15)

4.6.2.2 Role change: client independence and greater awareness of client's rights

In recognition of the importance of client enablement, some home support workers saw their role as supporting clients in their independence under the new model. For example,

> I enjoy my job and feel I make a difference to my clients' day and enable them to remain independent and age with support. (HSW3)

Two factors that affected the home support worker's role are the reduction of coordinator visits to clients from six monthly to twelve monthly intervals and the provision to clients of a monthly statement of the costs of the service as subsidised by the government and co-

paid by the client. The reduction of coordinator visits increased in the distance between client and organization, further given that those visits or telephone calls to the organization are charged against client accounts. This has had the effect of discouraging clients to make calls or to request visits, resulting in an increase in home support workers' responsibility for client's welfare and understanding of the client's rights under the new model:

> It's our job to help them with that crossover period to consumer-directed care: that's what's different about it ... The clients are now seeing how much it costs them to be visited [by a coordinator] ... It's more distanced ... there isn't that regular phone contact because it costs them ... Because they are now seeing the bill, it really gives clients a sense of agitation. (HSW7)

Because of the consequent additional responsibility towards the client, as compared to their role in the traditional model, home support workers perceived an increase in their power. One home support worker participant perceived this role change in the context of the task to identify client needs in the new environment:

> When you meet new clients, you try to find their needs or their wants and those lines can be blurred a lot more when they are in charge of their needs and wants, so it's a lot harder to guide them in the right direction. I suppose we do guide them, but it is definitely up to the client in what direction they want to go. Makes it a bit blurry I think. (HSW8)

4.6.2.3 Role change: Client advisory, and representation and advocacy role.

The requirement that clients now receive a monthly statement containing information about the full costs associated with service provision has also added to home support worker's responsibility. These statements include information about client contribution and administrative costs associated with the services. Nine participants experienced greater

activity as client representative, advocate, advisor, or educator arising from client confusion and concern about certain aspects of the consumer-directed care model:

> I have noticed that there are a lot more questions concerning their payments from them to me. There's a lot more concern, more confusion. (HSW9)

> One of the criticisms of consumer-directed care, I think, for those that receive the money is trying to keep up with what it all is and what their options and their choices are. (HSW13)

One participant likened her role under consumer-directed care to that of a client advocate/educator and considered that her role had been empowered and "broadened." This participant advised:

> I can go in and educate clients that possibly have struggled with the information that's come at them [about consumer-directed care] ... So for me, I feel I have added to my use as a home support worker by being able to share with them what consumer-directed care actually means in a good way. (HSW10)

The same participant positively explained her advocacy role:

> Consumer-directed care gives clients so many more options, so you are acting as an advocate by saying [to clients], "You can do this, or even possibly you can do that with your money". So being able to talk to them about the changes and the impact of that, I find quite empowering. (HSW10)

Response: managers and coordinators.

A manager advised that home support workers have, under previous the traditional model, always "technically" played a client advocacy role, although these activities are not indicated in their role statement, nor from literature describing their role:

> Home support workers should have always realized that they were there as an advocate for the client. What happens now is the safety mechanism of the coordinator regularly popping out and doing follow-up doesn't happen, so they feel more responsibility, but technically home support workers would have always been told that they are the eyes and ears at the frontline. (M3)

Taking an opposite view, two managers indicated that advocacy was *not* the home support workers' role and, "If there is an issue that the home support worker identifies, it should be raised with the service coordinator" (M1). The other agreed that home support workers should not take on an educative role; rather it remained the responsibility of coordinators:

> I think that home support workers are very keen to encourage [client] choice and control. The coordinator's role is more of an educative function as they are responsible for the technical side of consumer-directed care. (M3)

Managers and coordinators did not accept or failed to recognize that the change to consumer-directed care had changed the role of the home support worker.

> I don't think [the change] actually affects the home support worker when they are good at their job ... So I think some of the structural changes and policy changes had had least impact on the home support workers because they were always the frontline staff doing the job. (M3)

> I guess it is the expectation that we are delivering quality service but we've always had that so I guess on a day-to-day ground possibly it won't change. (CSC7)

> No, I don't think [the home support workers' role has] changed that dramatically. I would say they have a lot more freedom in some ways in that it was very regimented in what they could and couldn't do before, as far as cleaning etc. (CSC6)

> I think care workers are still getting their head around it no matter how much we explain it. They are certainly getting it a lot better than they used to. We used to

> explain it to the other care workers they still didn't get it and they still did things … I guess the work of the home support workers hasn't really changed a huge amount. (CSC8)

> I don't know that the support worker out there has additional responsibility. The tasks haven't changed. It's just that the consumer can request things more regularly. They might be finding they are doing one particular task more often than they used to. They still have the same responsibility of having to report in anything that they feel they need to. (CSC10)

> For us, we try and inform our workers as much as possible with what's happening with changes and things, so from the old model to the CDC model it hasn't really affected the workers that much in our organization because we have kept it like that right from the start. (CSC4)

However, coordinators viewed the change to consumer-directed care as predominantly affecting their own role, with greater concentration on planning, administration, including financial management of client entitlements. For example:

> The role of the home support worker has stayed fairly protected in regards to the change. It's been mainly the administration and the coordination relationship that's changed, looking at the goals. (CSC2)

> The hands-on workers don't see half the pressure that the office people are under. They just see that we're busy and some days we are really busy and the only impact that has is that they can't come in to brief as well as what they could before. They can see that we're busy and we try and give them as much time as possible but sometimes we have to cut them off. (CSC4)

Despite the majority view that the role of home support workers had not changed some managers and coordinators accepted that consumer-directed care had affected the role of their workers. For example, they indicated that the change to the new model required

home support workers to be more aware of the content and information about client programs, about client rights, and about individual client budgets. One manager recognized that, under the previous, traditional model, home support workers "never really knew" how clients received additional services. "It was a mystery to them". Workers now had a greater awareness about the cost implications. "Yes, I think they get that now" (M3). Coordinators expressed similar views:

> [Previously] we were more service based. I think now there is more of a need to have the workers fully informed of why they are doing certain, things, what the goals are, the details around the program. And so yes, there is more information for [workers] to know. (CSC1)

> We are aware that in consumer-directed care [workers] need that background budget information ... We recognize that it was a gap with them. (CSC2)

> Even for [the workers] we've [now] had to explain how CDC works in very much detail and that once upon a time didn't matter. It really matters now because the clients are paying for that. As in once upon a time [organizations had] a big bucket paid for and so they have had to change their way of thinking in ringing up and asking permission a lot more for those little extra things that were taken for granted before. (CSC6)

4.6.2.4 Summary

Some home support workers did not perceive a power change in their role. This seemed largely due to clients during the early stages of the new model not yet understanding their rights under consumer-directed care. Others perceived a change in their power mainly because they had to explain the new system to the clients. Some home support workers perceived a change in power in their role, because of their new advisory, representational, educative and advocacy functions. Some spoke about the increase in their responsibility for the client's wellbeing because of the reduced contact between coordinators and clients.

Managers and coordinators were overwhelmingly appreciative of their support workers' importance and centrality to the function of the organization and in the implementation of consumer-directed care. Managers and coordinators believed that there was no change in the home support workers' role, but considered that greater responsibilities were being placed on their own coordinator role. However, somewhat contradictorily, managers and coordinators acknowledged that home support workers needed an understanding of financial and budgetary information not previously needed under the previous traditional model.

4.6.3 Research Question 1(c)

This section reports the transcript evidence that addressed RQ1(c): *Did home support workers experience feelings of subordination in their relationships with clients as a result of the change?*

Template analysis regarding the themes of home support workers' perceptions of subordination was undertaken on the interview transcripts under the codes: "No perceived change in worker power and relationships"; "Feels treated as an employee of the client"; "Feels that they are working for the client".

Surprisingly, findings in this study were that home support workers did not perceive a change in their relationship with their employer. However, in their client relationships, home support workers perceived a change in the power balance.

4.6.3.1 No perceived change in client relationships

Because of the relative newness of consumer-directed care, some home support worker participants found no real power change in their relationships with clients. As previously identified, this was essentially because existing clients were "set in their ways" or did not yet fully understand their rights under consumer-directed care.

Workers tended to express satisfaction with the change to consumer-directed care in terms of the potential increase in client power, but not in terms of any effect on their relationship with clients. Their professional commitment to the client was uppermost in their minds in their consideration of the issue of change. They had not considered the issue of the effect of change to their power (HSW1, HSW 2, HSW3, HSW6, HSW10, HSW11, HSW12, HSW13).

Response: managers and coordinators

One manager acknowledged that, on the one hand, some home support workers remained set in their ways, whilst on the other hand, home support workers may not have recognized a change as "some are a bit of an old school type and may not have recognized a change in their relationships with clients" (M2). Coordinators (CSC2, CSC5, CSC8, CSC10) felt that the change had a significant power impact on their own role, with little or no impact on home support workers. For example:

> So I think some of the structural changes and policy changes had least impact on the care workers because they were always the frontline staff doing the job. (CSC10)

> In my opinion, the support worker role stayed fairly protected in regards to the change. It's been mainly the coordination relationship that's changed, looking at the goals (CSC3).

One coordinator anticipated that, with sufficient training, home support workers would eventually experience a sense of empowerment under the new model (CSC1). Conversely, a manager considered that support workers clearly understood "the customer service mentality" and more "readily accepted" the change to the new model of care (M1).

4.6.3.2 Treated as an employee/ works for the client (subordination)

Home support worker participants expressed views about the effect of client empowerment

on their perceptions of changes to their client relationships. In some instances, home support workers were made by the client to feel that the client was employing them or that they worked for the client. Home support workers considered that client access to financial information caused confusion amongst some clients about their work status, resulting in some clients now treating them as an employee:

> Now the clients get an account and it tells you how much each service is. And they also tend to think that's what we get paid. And some people, not everybody, because you can't generalize, but some people think they are employing you because they are paying you. (HSW10)

One support worker not only felt like an employee of the client but also acknowledged a perception of subordination, with clients being more in charge:

> I have seen a change to that. Because there is a figure now attached to the time; that's very true to say you do feel like they are in more charge of you. Before it was always I'm very grateful and now it's I am paying you so it is different. (HSW7)

For similar reasons and related to client awareness of costs, several home support workers perceived that now that they "worked for the client", they would have to do whatever the client required, regardless of their professional understanding of the role of carer. One support worker expressed this as follows:

> The client becomes the consumer and I work for them. The government subsidizes them so they are given x amount of dollars which we manage on their behalf. The client decides what they want to do with that ... It's not about me caring for them carer to patient type situation ... I do what they ask me to do, within reason. (HSW9)

Response: Managers and coordinators

Because the fundamental principle of consumer-directed care gives choice and control to clients, all managers were seemingly pleased that clients treated home support workers as

an employee or that workers considered they worked for the client. In fact, based on the client empowerment under the consumer-directed care model, managers encouraged these attitudes. For example:

> The thing is its fantastic if the client has that power. They [the clients] have come a long way. They are recognizing that it is what it is. (M2)

There was the recognition that home support workers dealt with competing demands of the clients and the organization, and all managers acknowledged that the change had given rise to relationship complexities. One manager argued that, in the client's mind, the relationship with the home support worker was virtually an employment relationship and described the worker as "the meat in the sandwich" between the client and organization. The same manager conceded that the reason clients treated workers as their employee was "because we as an organization tell them that" (M3).

One coordinator recognized complexities between the formal employment relationship and home support workers' relationships with clients and advised that their training model placed greater emphasis on clients and their needs:

> I think that is positive because the change is in line with our training around customer service and reiterating that while technically [the organization] is the employer it is the clients who decide who they want to provide the services. (M4)

Managers opined that client treatment of home support workers might have also occurred because clients have become aware of their finances. One manager recognized "some sort of the conscious shift [by the client], rather than being the forever grateful subservient receiver to now having a bit more control" (M2).

A coordinator acknowledged that home support workers had always thought that the clients were "their boss" except that, under the new model, it is now "up to the client as to

what they want and who they want and when they want it" (CSC2). One manager conceded that the effect of consumer-directed care on home support workers was that they were no different to frontline service workers in other service sectors: "I think it's the same out in there in the general [service] sector ... so there is an employee relationship almost formed in a client's mind" (M1).

4.6.3.3 Summary:

Some home support workers experienced no change in the relationship with their client, mainly due to the fact that their clients either were unaware of their rights under the new model, or were happy for things to continue as before. However, other clients did recognize a change in attitude in their clients, due often to the monthly cost statement, which made the clients feel they were paying the worker. This changed the relationship and resulted in workers feeling an employee of the client and thus more subordinate to the client. The managers and coordinators acknowledged that they encouraged clients to consider workers their employees, but recognized that this could be problematic at times.

4.6.4 Research Question 1(d)

This section reports the transcript evidence that addressed RQ1(d): *Did home support workers experience feelings of alienation in their relationships with clients as a result of the change?*

Template analysis regarding the themes of home support workers' perceptions of alienation was undertaken on the interview transcripts under the codes: "Rights ignored', "Feels like being treated like a servant to the client", "Loss of power and control", "Anticipated loss of control – baby boomers", "Unfair expectations". Again, as under the theme "subordination", many home support workers did not express feelings of alienation resulting from the change to the consumer-directed care model. However, some home support workers expressed negative feelings about the change in their relationships with clients.

4.6.4.1 Rights ignored

One home support worker expressed strident views, emphasizing that the power now almost fully rested with clients and the rights of the worker were largely ignored to the extent of engendering stronger feelings of alienation or even subordination:

> The client can have pretty much what they want, whereas before there were limitations ... The pendulum has swung too far the other way [and] it's all about what the client wants and not what the care worker may want to do … they don't take the care worker into account as much … before, there were jobs that we didn't have to do, now, if the client tells you to do that you do it. (HSW10)

4.6.4.2 Feeling treated like a servant

For reasons relating to client perceptions and expectations about costs, the same home support worker (HSW10) felt that "it's very easy sometimes to feel that you are a servant."

Response: Managers and coordinators

From a business-orientated competitive perspective, one manager acknowledged that, on the one hand, "people don't like to be treated like a servant" whilst on the other hand, home support workers need to accept this treatment "in order to keep clients within the organization" (M2). Another manager reaffirmed the view that the client awareness of the finances affects the home support workers' feeling like a servant, which "is a more general feeling because of the dollar value tied to the task" (M3). A coordinator, who had previously worked as a support worker, was not surprised that clients would treat workers as a servant as she had previously experienced this treatment: "I would have to say [that] there are some clients like that, possibly because of cultural background or different perceptions of someone who is a paid worker coming into the home" (M4).

4.6.4.3 Loss of power and control

Some home support workers perceived a sense of loss of control and feelings of alienation

in relationships with their clients. For example, “We are typically given the clients and told what we have to do when we get there. We don’t have any control over the duties we do” (HSW 13).

Another home support worker illustrated how the empowerment of the client can affect the home support workers’ perception of loss of power and of their ability to fulfill their professional duty of care:

> What’s more changed is again we think the client may need personal care for obvious reasons and assistance with that and they think no, they would rather have their [services provided] in a different way, and that’s where it affects us. (HSW8)

Response: Managers and coordinators

In responding to workers’ perceptions of loss of power and control, a manager thought that the view of working for the client was “wonderful”, as it was the aim of consumer-directed care “to give the client and their family more control.” The same manager indicated that loss of control “was not a bad thing … It’s the client’s life ... and [they] should be in control of the services” (M2). A coordinator acknowledged, “the culture has changed in so far as it’s more about what the client wants rather than what we think they need” (CSC9). In the interests of safety managers and coordinators agreed that they would be concerned if clients were inappropriately treating home support workers.

4.6.4.4 Anticipated loss of power and control – baby boomers

Most support workers, including those who experienced minimal or no immediate change under consumer-directed care, spontaneously volunteered perceptions about their anticipation of loss of control and increased subordination when the next generation of clients (or “baby boomers”) enter the home care system (HSW3, HSW5, HSW8, HSW9, HSW10, HSW11, HSW13). For example:

> What I see will happen with the baby boomers [is that] they are used to a certain standard of living and an expectation of a service. (HSW13).

One support worker predicted that baby boomers will "be coming in with a totally different mindset [and] I will be working for them literally" (HSW8). Another support discussed the possibility of being placed in a demeaning position:

> I think it will be fine as long as [the client has] a good relationship with support worker and see them as someone that's there to help you not as a servant [...] I don't know that demeaning is the right word but there are ways of asking people to do things (HSW10).

Responses: Managers and coordinators

Participant coordinators agreed that the next client generation will have greater expectations under consumer-directed care and "will want more for their money" (CSC2). Another coordinator advised, "Baby boomers are a 'generational thing' as they will tend to have more knowledge [...] so it could be quite a large change [...]" (CSC7)

4.6.4.5 Unfair expectations

Another home support worker not only felt that client empowerment resulted in being treated like an employee but also, at times, impeded fulfilment of her professional role as a carer and required her to complete work beyond that expected.

> Some clients treat me as an employee. They think, "Oh you get paid that much money [and] I've got a [cleaner]" and some of them expect you to clean the skirting board. (HSW12)

Response: Managers and coordinators

One manager emphasized that home support workers need to accept that they "won't have control over what they do. It will be the client to make those decisions."

4.6.4.6 Summary

While some home support workers did not feel alienated, others felt their relationship had become alienating. They now felt a loss of control over their job in that they had to fulfil the client's orders even if they could see that the client needed something else more urgently. For example, a client who obviously needed a shower could refuse and ask for cleaning of the skirting boards. Such situations could be quite distressing for the home support worker. Many home support workers expressed concern about the future relationship with the increasing number of baby boomers, which could result in further loss of control. Responses by managers and coordinators concerning home support workers' feelings of alienation were largely unsympathetic. Based on the premise of client empowerment under the new model one manager expressed delight at the home support workers' perceptions of feelings of loss of control and working as a servant to the client. Managers and coordinators maintained that the new model gave the clients rights, which the home support workers were obliged to fulfil regardless. However, managers and coordinators also expressed commitment to the wellbeing of their home support workers and did not want to see them being mistreated by clients.

4.6.5 Research Question 1(f)

This section reports the transcript evidence that addressed RQ1(f): *What were the perceptions of home support workers regarding supervisor support?*

Template analysis regarding home support workers perceptions of supervisor support was undertaken on the interview transcripts under the codes: "Satisfied with level of support" and "Specific impact of change to consumer-directed care on supervisor support".

4.6.5.1 Satisfied with level of support

Most home support workers expressed a high level of satisfaction with the level of support provided to them by their coordinators:

> They [the supervisors] are fantastic. They listen. They take what we say under consideration. If we go to them and say, there is [an issue with a client] The [supervisor says] “OK we will give her or him a call and ...” It’s a team effort, not them telling us everything to do. (HSW 4)

> My supervisor’s excellent ... Because she just stops, if you come [into the office] and have to talk about clients, she stops whatever she’s doing. You might say, “I’ll just wait till you do that” and she says, “No it’s fine”, and she sits there and listens. And takes the time. (HSW6)

> Yes, I get positive support. I always have ready access to the supervisor. They’re very approachable and I feel I can contact them any time and I do get feedback regularly about the work we do. (HSW1)

One home support worker advised of independence in her job but maintained a sound relationship with her coordinator:

> Yes, I have [a good relationship with my supervisor] but ... We tend to work very independently; we don't come to the office a lot. It tends to be very independent. But if I have a problem I certainly come to them and talk to them. (HSW9)

4.6.5.2 Specific impact of change on supervisor support

Several home support workers advised that, under the previous agency-directed care model, coordinators played a greater role in their relationship with clients. For example, one advised of the situation regarding the level of supervisor support prior to the introduction of the new model of care

> So before CDC … it was a different system in that the supervisor met you at the home, introduced you to the person; you ran through the details were of the job and then anything that you noticed you would let them know afterwards so that there was a real upkeep of what was going on with that person whether things needed to

> change or not … If there were something wrong they would address it. You were in touch with the supervisor constantly. (HSW8)

4.6.5.3 Summary:

Most participants expressed overall satisfaction with the support provided by their supervising coordinators during the period of consumer-directed care implementation. Some home support workers expressed concern about the apparent reduction in client visitations by coordinators.

4.6.6 Research Question 1(g)

This section reports the transcript evidence that addressed RQ1(g): *What were the perceptions of home support workers regarding their job satisfaction?*

Template analysis regarding home support workers' perceptions of job satisfaction was undertaken on the interview transcripts under the codes of "Relationship with clients".

4.6.6.1 Relationships with clients

The vast majority of participant home support workers expressed a high level of job satisfaction, with particular emphasis on their relationships with clients. If fact, even the majority of home support workers who perceived a loss of power, who experienced subordination and control or who felt treated like an employee of client expressed high levels of job satisfaction. One worker rated her job satisfaction as "8 out of 10" (HSW6). Others enthusiastically advised:

> I love the job. I love working with the clients ... I enjoy working with the clients and I feel that's really where I am at my best. It's very rewarding. (HSW1)

> The best part of my job is to talk to [the clients]. I like going in and when they are happy to see you. Sometimes when I have been on a holiday they might put a little sign on the door, welcome back Jo. And stuff like that. (HSW 11)

> But where I get my job satisfaction and my dedication to it is definitely through the clients. (HSW8)

> I think it is slowly changing to be less … as long as you try and do your best for the client I think you still get a lot of satisfaction. (HSW10)

> At the end of the day, I feel really good because I actually feel I have helped someone. Even in small things, even in just making a person have a laugh. (HSW12)

> I love my clients. It is a two-way street for me because you get satisfaction for putting a smile on somebody's face at the end of the day. It is quite often the only social contact they have in the day; it's up to us to bring a bit of a smile to their faces and make their day happy ... If I can walk out of a client's house and they are happier than when I walked in then that's 80% of my job done. (HSW13)

4.6.6.2 Summary

The overwhelming majority of participant home support workers indicated high levels of job satisfaction, mostly derived from their relationships with their aged clients. Home support workers were most satisfied with the contribution they made to client welfare and wellbeing.

4.7 Conclusion

Under the new model, home support workers now functioned in a changed environment. They enthusiastically welcomed the empowerment of the client. At the same time, some home support workers positively perceived an increase in their own power in their role, in terms of client advice, education, advocacy, and awareness of clients' rights, of which they felt quite proud. On the other hand, clients' perception that they "pay for" the services of their home support worker commodified the relationship. This changed the relationship between the home support worker and the client, resulting in workers experiencing

competing demands and expectations in their relationships with their employer and their role with clients. Despite their support for the concept of consumer-directed care, home support worker concern was that client empowerment had at times resulted in affecting their ability to fulfil their professional duty of care. They felt they were obliged to follow a client's instruction even when they saw that a more urgent need should be prioritised. Another concern was that some clients wanted to save the money they had in their consumer-directed care accounts rather than use it for essential care, which was distressing to carers who saw the client's real need. These factors increased their feelings of subordination and alienation.

However, despite these feelings, the majority of the participant home support workers expressed no hostility or resentment at all either towards their clients or towards their organization. They expressed a high level of job satisfaction and positive feelings about the level of supervisor support. Several circumstances may account for this paradox. Firstly, as they all indicated, they felt very happy about the benefits of consumer-directed care to the client. Secondly, it was apparent that if there was a problem, it was more a matter of the government's policy than the organization's implementation.

Participant managers and coordinators noted the treatment by the client of the home support worker as, for example, an employee or that the worker perceived a loss of control but considered these phenomena as a manifestation of the success of the organization's implementation of the new model. In fact, managers and coordinators advised that their active encouragement of clients to think of home support workers as their employees was consistent with the fundamental principle of consumer empowerment, although it is not a formal feature of the Australian model.

Coordinators and home support workers also clearly recognized the level of control of the government in the model design and implementation of consumer-directed care. The

complexity of power transfer under the consumer-directed care model becomes evident in the seemingly contradictory perceptions among home support workers, of loss of power and control (as an employee of the client) and of an increase in power (as an advocate and representative of the client). The paradox becomes more evident in the home support workers' positive perceptions of openness to change, job satisfaction and supervisor support in spite of the sometime increased distance between coordinator and the home support worker.

The second purpose of data obtained from this chapter was to inform the development of a questionnaire for the quantitative Phase 2 of this study, the purpose of which was to further examine and validate home support workers' attitudes and perceptions about the effect of the new model on their work role and relationships with clients.

The codes under subordination and alienation reflect the complexity of power transfer in an organizational change, as theorized in Havard et al.'s (2009) service triangle. In this study, home support workers' feelings were that, following change to the new model they are now "treated like an employee of the client" or "works for the client" as listed under the theme subordination. These codes could also have been listed under the a priori theme of "alienation", where workers felt aggrieved about client perceptions of changes in their relationships and their "rights being were ignored", "feelings of being treated like a servant to the client", "feelings of a loss of power and control" and "unfair expectations". These feelings reveal the ambiguity of their status and role: while remaining employees of the organization their clients are encouraged to think of and treat them as the clients' employees. These complexities were examined using exploratory factor analysis of the quantitative data of Phase 2 (Time 1) of the study, as reported in the next chapter (Chapter 5).

CHAPTER 5 QUESTIONNAIRE DEVELOPMENT, VALIDATION OF MEASURE

5.1 Introduction

Within service work literature, reviewed in Chapter 2, elements of power and subordination (Bélanger & Edwards, 2013; K. Brown & Korczynski, 2017; Havard et al., 2009; Korczynski, 2009; Leidner, 1991; Lopez, 2010) and alienation (Bolton & Houlihan, 2010; Cranford & Miller, 2013; Korczynski, 2009; Lopez, 2010) were found to have influenced frontline service workers. Using template analysis in qualitative Chapter 4, a priori themes of power, subordination and alienation were used to examine the lived experience of frontline home support workers through their perceptions of change to their power, subordination and their feelings of alienation during the transition to consumer-directed care. Also examined were home support worker openness to the change and job satisfaction.

Informed by outcomes from qualitative Phase 1 study, reported in the previous chapter, a questionnaire was developed for the quantitative Phase 2, Time 1, 2016 and Time 2, 2017. The current chapter describes processes, data collection, data screening and cleaning, leading to the design of the questionnaire as well as to the development and validation of a new measure which involved exploratory factor analysis (IBM SPSS version 22.0) and the confirmatory factor analysis (IBM AMOS version 22).

The purpose of the 2016 questionnaire was to test the possibility of generalizability of the qualitative findings in Chapter 4 against a larger group of home support worker participants, that is, "to generalize from a sample of the population so that inferences can be made about some characteristic, attitude or behaviour of this population" (Creswell, 2014a, p. 157). The development of the questionnaire had the following objectives:

To analyze the data from the 2016 questionnaire using exploratory factor analysis and confirmatory factor analysis with the view to the development and validation of a new measure (Creswell, 2014b, p. 231) of power, subordination and alienation (reported in this current Chapter 5)

To address Research Question 2 a qualitative analysis was conducted of the responses to the open-ended question in the 2016 (Time 1) and 2017 (Time 2) questionnaires, as reported in Chapter 6:

> RQ2: Have the attitudes and perceptions of home support workers towards the change, including client empowerment, power, subordination and alienation, and supervisor support and job satisfaction, been consistent over time between the early stage of the change (2016) and the later stage (2017)?

To address Research Question 3 a multiple regresssion analysis was conducted of the 2016 questionnaire to triangulate with outcomes of the qualitative data of Phase 1 of the study, as reported in Chapter 6.

> RQ3: During the implementation of the change to the consumer-directed care model, how did the change affect the relationships between the variables of openness to change, power, subordination, subordination/alienation, perceived supervisor support and job satisfaction of the home support worker?

To address Research Question 4, matched data from the 2016 and 2017 questionnaires were analyzed using repeated measures t-tests, to triangulate with outcomes of Question 2, as reported in Chapter 6.

> RQ4: Are there differences between the perceptions of home support workers in the initial stage of the implementation to consumer-directed care and a year

later, regarding openness to change, power, subordination/alienation and job satisfaction?

5.2 Theoretical framework

Modern health care systems are continuously "challenged to revise traditional methods of health care delivery." These challenges are multi-layered and include, for example, "changes in consumer demands and expectations" and "changes in societal demographics, in particular, the ageing of society" (Davidson, Halcomb, Hickman, Phillips, & Graham, 2006, p. 47). The Government initiated change to the consumer-directed care model across the Australian community aged care sector required adaption from an organization-directed model to one that was client-directed. This required organizations and their senior staff to change their policies and practices in service provision to home-based clients. In the qualitative Phase 1 of this study (reported in Chapter 4) most coordinators saw the change as predominantly affecting their own role and relationships, and, apart from some hesitant concessions, considered that the work of home support workers remained largely the same. Australian research also reflected the view that the work of home support workers had not changed beyond their traditional role (Palesy et al., 2018). In the qualitative Phase 1 of this study, some home support workers acknowledged that their work remained the same. Significantly, some perceived an increase to their role (power), whilst others perceived a change in their relationships with clients (subordination) and expressed perceptions of a loss of control and unfair expectations (alienation).

Havard et al. (2009) proposed a typology relating to the effect of power transition between the organization, frontline service staff and clients following a period of change within service organizations. As identified in Chapter 2, the service triangle model recognized that further empowerment or "dilution of subordination" of one actor entails the decrease of power or the increase in subordination of one or both of the other actors (Havard et al.,

2009; Lopez, 2010). Additionally, workers may find it “highly alienating” when clients have greater power over them (Cranford & Miller, 2013; Korczynski, 2009; Lopez, 2010).

Client empowerment is a fundamental principle of consumer-directed care and under the Australian model a level of power was transferred away from the organization to the client. Thus, within the context of the service triangle typology, there was a shift of power between the client and the organization. Findings reported in Chapter 4 revealed that the change to the new model also affected home support workers, in particular, their perceptions of increased power in their role, and feelings of subordination and alienation in their relationships with clients.

Arising from these findings it became evident that a measure applying Havard et al.’s (2009) service triangle typology was useful in the test of a priori themes of power, subordination and alienation in the context of organizational change to consumer-directed care. The change to client power within the triangular structure provided a suitable context for developing and testing these themes.

Within the literature, the concepts of power, subordination and alienation are treated separately and this was applied in the examination of data from participant home support workers, as described in qualitative Chapter 4. However, both in the literature and in the findings of the qualitative Phase 1, there appear to be two competing but complementary positions between the concepts of power, subordination and alienation. For example, in the Phase 1 qualitative study, a priori themes of power, subordination and alienation are successfully treated separately. On the other hand, in the template analysis (as shown in Chapter 4) some emerging codes under the themes of subordination and alienation are arguably interchangeable. For example, the code of “clients treating as employee” under subordination could also come under alienation. One of the purposes of the quantitative

phase of this study was to explore the implications of this nuance during the exploratory factor analysis process.

5.3 Questionnaire design

5.3.1 Introduction

Further to the discussion in Chapter 3, a sequential exploratory mixed methods design is widely used in the development of instruments. This view is consistent with Greene, Caracelli and Grahamet (1989) and Creswell (1999), who explained that one of the most fundamental purposes of a mixed method study was to develop “Quantitative measures and instruments grounded in the views of subjects or participants” (p. 460). In further confirmation, Rowan and Wulff (2007) observed that the “validity of concepts and inquiries in quantitative research can be enhanced by first being grounded in real life situations and observations through having conversations or interviews from an open perspective” (p. 451). This method was used in the current study to triangulate qualitative and quantitative data for validation and testing for generalizability and to develop a new measure (Creswell, 1999; Creswell & Creswell, 2005; Creswell et al., 2011).

5.3.2 Piloting and consultation

Based on the a priori themes from the literature and outcomes of the qualitative Phase 1, a draft questionnaire was prepared. Consultations were conducted with a number of parties, including a chief executive officer from a non-participating not-for-profit aged care organization whose clients accessed consumer-directed care services from an external provider organization, a State director from a national organization representing aged persons, and a recently retired church pastor with extensive experience in management and operational aspects in the community aged care sector. Expert university staff provided advice and comment on the content of the questionnaire and proposed

adjustment of some of the questions and the format. These proposals were adopted. Finally, the questionnaire was tested using a home support worker from each of the three participating organizations in the qualitative study in Chapter 4. These workers did not express any concerns, nor suggested any changes (See Appendix 7 for the final questionnaire).

5.3.3 Questionnaire content

A questionnaire was developed that included a priori themes from the literature and template analysis codes (detailed in Chapter 4) relating to power, subordination and alienation. Established measures for openness to change (Miller et al., 1994; Wanberg & Banas, 2000), perceived supervisor support (Eisenberger et al., 1986; as adapted by Shanock, 2006) and job satisfaction (R. P. Quinn & Shepard, 1974) also formed part of the questionnaire. Participants were asked to rate their responses to all items on a 7-point Likert scale ranging between "strongly disagree" to "strongly agree." The introduction to the questionnaire explained its context and aims:

> We invite you to participate in a study concerning home support workers following the recent change to consumer-directed care in the community aged care sector. The research project will gather data from home support workers about their experiences in the change to consumer-directed care [the outcome of which] will help to have a better understanding of the effect of the change to consumer-directed care on home support workers.

Table 5.1 lists a priori themes from the literature, codes from the template analysis in the qualitative study and the ten questionnaire items relating to power, subordination and alienation.

Table 5.1 Template analysis, a priori themes, codes and questionnaire items

A priori themes	Template analysis Assigned codes	Questionnaire items
Power	Awareness of client rights	I have a greater awareness of the clients' rights.
	Client representation	I more often represent client concerns to the organization.
	Provide advice.	I provide advice to clients about their entitlements.
	Client independence	I now assist or enable clients towards greater independence.
Subordination	Perceived self as employee of the client.	I regard myself as an employee of the client.
	Perceptions of clients treating them as their employee.	Clients make me feel like their employee.
Alienation	Rights ignored.	My rights are ignored in preference to those of clients.
	Feels treated like a servant of the client.	Clients make me feel like their servant.
	Loss of control.	I feel a loss of control over the work that I do for clients.
	Unfair expectations	I believe that clients have unfair expectations of my job.

The preamble to questions relating to the theme of power was: "Here we seek your views on your responsibilities that may have changed in your work with clients as a result of consumer-directed care". The preamble to questions relating to the themes of subordination and alienation were: "Please mark the response that best describes your views about your current and future relationship with clients following the change to consumer-directed care".

Examples of scale items in the established measures of openness to change perceived supervisor support and job satisfaction are provided below and the Cronbach alpha for these measures are shown in Table 5.15.

Openness to change: (Miller et al., 1994; Wanberg & Banas, 2000) (7 scale items) including "I think that the changes have/ or will have a negative impact on the clients we

serve"; "I would consider myself open to these changes." In the questionnaire the preamble to the measure of openness to change was identical to that used by Walberg & Banas, (2000), other than a change relating to the context of this study:

> We would like to know how you feel about the specific changes that you are currently facing in your job *because of* the implementation of consumer-directed care and associated regulatory changes.

Perceived supervisor support: (Eisenberger et al., 1986; as adapted by Shanock, 2006) (6 scale items), including "My supervisor values my contribution to the clients' wellbeing"; "My supervisor really cares about my wellbeing."

Job satisfaction: (R. P. Quinn & Shepard, 1974) (4 scale items), including: "All in all, I am very satisfied with my job"; "In general, my job measures up to the sort of job I wanted when I took it."

5.4 Participating organizations

In addition to the three organizations that participated in the qualitative Phase 1 of this study, two regional aged care not-for-profit organizations agreed to their home support workers participating in the 2016 and 2017 questionnaires. As well as the delivery of consumer-directed care services to aged clients in their own homes, these two organizations also delivered other community health services and provide residential aged care services within their respective region.

The five participating organizations employed a combined total of 378 home support workers (Table 5.3) and were located in the metropolitan, country and regional settings in one Australian State.

5.5 Data collection

Preliminary discussions on the process to be adopted for the 2016 and 2017 quantitative data collection were held with managers within the five organizations, including, in two cases, the chief executive officer. Each organization kindly gave permission for me to attend their monthly home support worker staff meeting and allocated some time at the meeting to present and explain the purpose of the questionnaire and its content.

During 2016 and 2017, I attended twenty-one of these staff meetings. Nine meetings were held between August and October 2016, and twelve meetings between August and November 2017. Four organizations agreed to home support workers completing the questionnaire at a meeting. For reasons of timing and commitment to other speakers at the staff meeting, the remaining organization, while allowing my presentation of the questionnaire, requested that workers complete the questionnaire outside of the paid meeting, in their own time. For this purpose, each participant was provided with a stamped addressed envelope marked “confidential” to return the questionnaire by mail to me at Flinders University

At the outset of each meeting, I gave a short introduction about the reason for the study. The attending home support workers were then provided with an information sheet explaining the context of the study and purpose of the questionnaire (Appendix 4) and the questionnaire (Appendix 7). The information sheet informed home support workers that their participation was completely anonymous and voluntary and the information provided by them would be treated as confidential. Those who agreed to participate in the questionnaire signed a consent form (Appendix 2) that stated that they had read the information provided and understood that participation in the questionnaire was completely anonymous and voluntary. The consent form also indicated that a participant may not directly benefit from taking part in questionnaire, was free to withdraw from the

questionnaire at any time and could decline to answer particular questions. Participants were also requested to acknowledge that, whilst the information gained from the questionnaire would be published, they would not be identified and their information would remain confidential. Further, whether they participate or not, or withdraw during or after participating, it will have no effect on any treatment or service being provided to them.

A section of the questionnaire provided a non-identifying participant coding system designed to study change overtime and to enable the matching of responses from the 2016 and 2017 questionnaires. The participants were advised that the code would not be shared with their organization and that only the researcher would have access to the code. The code was based on three factors: the first two letters of each participant's mother's first name (e.g. Mother's name is Rose: RO), the last two letters of their father's first name (e.g. Father's first name is David: ID), and the day they were born (e.g. born 2 October 1957: 02). Thus, in this example, the code was "ROID02". In the final section of the questionnaire, participants had the opportunity to voluntarily respond to an open-ended question in the questionnaire: "Are there any comments you wish to make about your job and how consumer-directed care has affected you?"

5.6 Questionnaires, 2016 and 2017

Table 5.2 details the level of home support worker participation in the 2016 and 2017 questionnaires. During 2016 and 2017, 221 and 248 home support workers received the questionnaire respectively. The table indicates the response rate of questionnaires completed at staff meetings (Organizations 2, 3, 4 and 5) was significantly higher than questionnaires completed outside of normal work hours. Of the 172 responses to the 2017 questionnaire 85 respondents matched with those from the 2016 questionnaire. Unmatched data from the 2017 questionnaires (87) was not used in this study.

Table 5.2 Home support workers' questionnaire participation 2016 and 2017

Organization and location	**Total Employed**	**Received questionnaire at staff meetings 2016/2017.**	**Responses to questionnaire 2016/2017**	**Questionnaire participants (2016 & 2017) Matched/ Unmatched**
1. Metropolitan	155	102/80	56/37*	24/13
2. Metropolitan/ country	65	37/39	36/28	14/14
3. Metropolitan	50	31/38	31/29	14/15
4. Regional	95	40/80	40/69	27/42
5. Regional	13	11/11	11/9	6/3
Total	378	221/248	174 /172	85/87

** Questionnaire completed outside of work time and returned by post.*

5.7 Data screening and cleaning

Data screening identifies or determines the accuracy of the data or information obtained from the questionnaire and is focused on identifying unusable and missing data and outliers. This preliminary process is essential to the generation of a reliable analysis of the data (Tabachnick & Fidell, 2014). Data from the 2016 questionnaire of 174 home support workers were first recorded in a Microsoft Excel program and then imported into IBM SPSS 23 with appropriate column names, labels, values and measure type entered. Responses to negatively worded questions were reversed. A search of the data revealed that some participants (n=10) were not eligible to participate in the questionnaire process, as they did not indicate sufficient prior experience under the former agency-directed care model. These participants were deleted from the data set. Following recommendations by Tabachnick and Fidell (2014), participant responses with substantial missing data (n=13) were removed from the data set resulting in a final valid sample size of 151 (2016). Randomly missing data in the questionnaires considered minor (n=20) were estimated using mean substitution.

5.8 Demographic characteristics, home support workers

In the Phase 2 (Time 1 2016) questionnaire 151 valid home support worker participants provided information about their gender, age, work experience, education level and hours worked. (Table 5.3). Profiles of participants compared favourably with the recent Australian National Aged Care Census and Survey – the aged care workforce, 2016 (Mavromaras et al., 2017). For example, more than 93% of the questionnaire respondents were female compared with 88% females in the National Survey (Mavromaras et al., 2017, p. 74). Over 90% of questionnaire respondents were more than 45 years of age, with 19.2% between 45 and 54 years, 50.3% between 55 and 65 years of age, and 21.9% over the age of 65. At the national level, the median age was 52 years (Mavromaras et al., 2017, p. 74). Over 92% of questionnaire respondents held post-high school qualifications, with 82.8% holding Certificate III or Certificate IV aged care qualifications. This compared with 89.7% in the National Survey (Mavromaras et al., 2017, p. 81). Over 91% of questionnaire respondents had worked more than 3 years in their current organization, with 3-5 years at 23.8%; 6-10 years at 31.8%; 11-19 years at 27.2%; and 20+ years at 8.6%. This represented a stable but ageing workforce within the five organizations, as also reflected in the National Survey (Mavromaras et al., 2017, p. 86).

Table 5.3 Demographic statistics, Quantitative Phase 2, (Time 1, 2016)

Characterisics	Frequency (n = 151)	Valid percent
Gender:		
Male	10	6.6
Female	141	93.4
Age:		
18-25 years	1	0.7
26-34 years	3	2.0
35-44 years	9	6.0
45-54 years	29	19.2
55-65 years	76	50.3
66+years	33	21.9
Highest qualification:		
High school	11	7.3
Certificate3	20	13.2
Certificate 4	63	41.7
Diploma	37	24.5
Degree	15	9.9
Higher qual.	5	3.3
Years with current organization:		
Less than 1 year	9	6.0
1-2 years	4	2.6
3-5 years	36	23.8
6-10 years	48	31.8
11-19 years	41	27.2
20+ years	13	6.6
Prior experience aged care:		
*Nil years	79	52.3
1-2 years	11	7.3
3-5 years	12	7.9
6-10 years	21	13.9
11-15 Years	17	11.3
16 + years	11	7.3
Ave. fortnightly hours:		
Up to 20 hours	28.5	28.5
21-40 hours	27.2	27.2
41-50 hours	19.2	19.2
51- 60 hours	15.2	15.2
61-76 hours	9.9	9.9

* These were home support workers who had worked in only one organization for many years.

Data from the valid sample of 151 home support workers from the 2016 questionnaire were used for the exercise of multiple regression (Research Question 3), reported in Chapter 6. Also, in Chapter 6, matched home support workers data from the 2016 and 2017 questionnaires were examined using repeated measures t-tests (Research Question

4). In this chapter, the data from the 2016 questionnaire relating to power, subordination and alienation were used for the purposes of exploratory and confirmatory factor analysis.

5.9 Descriptive statistics (Time 1, 2016)

Descriptive statistics from the 2016 questionnaire of the mean and standard deviation on the variables of openness change, power, subordination, alienation, perceived supervisor support and job satisfaction appear in Appendix 8. Specifically, Table 5.4 provides the descriptive statistics of the mean and standard deviation on the ten questionnaire items relating to the themes and codes of power, subordination and alienation.

Table 5.4 Descriptive statistics, power, subordination and alienation

Questionnaire Item	Min.	Max.	Mean	Std Deviation
PWR1. I have a greater awareness of the clients' rights.	2.00	7.00	5.7881	1.01067
PWR2 I more often represent client concerns to the organization.	1.00	7.00	5.4305	1.20836
PWR 3 I provide advice to clients about their entitlements	1.00	7.00	4.8874	1.51236
PWR4 I now assist clients towards greater independence	1.00	7.00	5.6954	1.10751
SUB1 I regard myself as an employee of the client	1.00	7.00	4.2053	1.80856
SUB2 Clients make feel like their employee.	1.00	7.00	3.3907	1.65317
ALN1 My rights are ignored in preference to those of clients	1.00	7.00	2.6291	1.35458
ALN2 Clients make me feel like their servant	1.00	7.00	2.7483	1.62160
ALN3 I feel a loss of control over the work that I do for clients.	1.00	6.00	2.6556	1.33190
ALN4 I believe that clients have unfair expectations of my job.	1.00	7.00	3.1589	1.50596

N=151 P = Power, Sub = subordination, ALN = alienation.

It can be concluded that, in numerical order, the three questions attracting the highest mean all fell under power: “I have a greater awareness of the client rights”, “I now assist clients towards greater independence” and “I more often represent client concerns to the organization. The highest for subordination were: “I regard myself as an employee of the client” and for alienation: “I believe that clients have unfair expectations of my job.” Exploratory factor analysis was then applied to these ten items.

5.10 Exploratory factor analysis

5.10.1 Introduction

Exploratory factor analysis is a “data reduction” process used to reduce a large number of variables into a fewer number of factors. The technique detects the constructs (or factors) that underlie a data set based on correlations between variables or questionnaire items (Tabachnick & Fidell, 2014). Factors explain the highest proportion of variance where the variables are expected to represent the underlying constructs. In the current study exploratory factor analysis was used to select the most parsimonious sets of measures, and to create composite dependent variables using summated scores. Descriptive statistics were used to analyze the data. The Keiser-Meyer-Olkin (KMO) test for sampling adequacy and Bartlett’s test for sphericity were undertaken to ensure adequacy for principal component analysis. An Eigenvalue-greater-than-one criterion was used to determine the number of principal components (factors) to extract. In the SPSS, factor loadings under 0.50 were suppressed. Based on the factor analysis results, and after careful consideration of the contents of the individual items, nine items loaded successfully on a two-factor structure of power and subordination/alienation.

5.10.2 Assumptions

There are key issues to consider in determining whether a particular data set is suitable for exploratory factor analysis: sample size, sample to item ratio, measure of sampling adequacy and test of sphericity.

5.10.2.1 Sample size

There are suggestions in the literature about the sizes for the purpose of conducting exploratory factor analysis. For example, Osborne and Costello (2004) explained that larger samples are preferred because they “tend to minimize the probability of errors,

maximize the accuracy of population estimates, and increase the generalizability of the results" (p. 1). Tabachnick and Fidell (2014) proposed that at least 300 cases were required for factor analysis. However, these researchers recognized, "Solutions that have several high loading marker variables (> *.80*) do not require such large sample sizes (about 150 cases should be sufficient) as [is the case with] solutions with lower loadings" (p. 613). Guadagnoli and Velicer (1988) also proposed that if the dataset had several high factor loading scores (> .80), then a smaller size (n > 150) is acceptable. Other researchers suggested sample sizes at 100 or greater (Gorsuch, 1983; Hair, Anderson, Tatham, & Black, 1995; P. Kline, 2014; MacCallum, Widaman, Zhang, & Hong, 1999), whilst Field (2009) advised that factors with four or more loadings and greater than .60 are "reliable regardless of sample size" (p. 647). Costello and Osborne (2004) also noted that "factors with fewer than three items are generally weak and unstable and factors with five or more strongly loading items (*.50* or better) are desirable and indicate a solid factor" (pp. 7 & 8). In the exploratory factor analysis outcome shown in Table 5.11, where five of the nine items loaded are above .80, the sample size in the current study (n=151) is acceptable.

5.10.2.2 Sample to item ratio

For exploratory factor analysis, researchers proposed minimum ratios of sample size to the number of variables or items. For example, Cattell (1988) suggested three to six subjects per variable; Gorsuch (1983) recommended at least five per variable. Everitt (1975) and Nunnally (1978) proposed at least a ratio of ten to one. From a practical perspective, a survey by Costello and Osborne (2004) found that a high number of researchers use relatively small samples in factor analysis. For example, in a majority of the studies they examined, nearly 63% researchers performed analyses with subject to item ratios of 10:1 or less, which is an "early and still-prevalent rule-of-thumb many researchers use for determining *a priori* sample size" (p. 4). In the current study relating to

power, subordination and alienation, the ration of sample (*n=150*) to items (*n=10*) is fifteen to one, well above the minimum recommendations.

5.10.3 Factorability of the correlation matrix

Table 5.5 presents the correlation matrix showing the relationships between three themes of power (PWR1, PWR2, PWR3, and PWR4), subordination (SUB1 and SUB2) and alienation (ALN1, ALN2, ALN3, and ALN4) identified from data in the qualitative Phase 1 study (Chapter 4). Tabachnick and Fidell (2014) recommended examining the correlation coefficients ±0.30, whilst Hair et al. (1995) suggested a measure and categorized these loadings as ±0.30=minimal, ±0.40=important, and ±0.50=practically significant.

Table 5.5 Correlation matrix power, subordination and alienation

	P1	P2	P3	P4	SUB1	SUB2	ALN1	ALN2	ALN3	ALN4
PWR1	1000									
PWR2	.550***	1000								
PWR3	.298***	.337***	1000							
PWR4	.454***	.572***	.354***	1000						
SUB1	.082	.072	.057	.241**	1000					
SUB2	-.054	-.088	.028	-.044	.270***	1000				
ALN1	-.082	-.101	.067	.018	.118	464***	1000			
ALN2	-.139*	-.101	-.006	-.006	.036	.549***	.625***	1000		
ALN3	-.109	-.085	.007	.008	-.034	.395***	.723***	.528***	1000	
ALN4	-.162	-.184	.042	-.183*	.110	.360	.588***	.527***	.499***	

Determinant = .031 *Correlation is significant at the 0.01 level (2-tailed). **Correlation is significant at the 0.05 level (2-tailed) ***Correlation is significant at the 0.001 level (2-tailed)

In Table 5.5 relationships indicated between the four subsets of the power, with one minor variation, are all above .3 (ranging from between .298 and .550). Similarly, the four subsets of alienation are above .3 (ranging from between .499 and .723), as are the relationships between subordination 2 and the four subsets codes of alienation (ranging

from between .360 to .549). The relationship between subordination, “Clients make feel like their employee” and four subsets of alienation also fell above .3 (ranging from between .360 and .549). The relationship between subordination 1, “I regard myself as an employee of the client” and the four subsets of alienation 1 all fall below .3. Therefore, in addressing the connection between subordination and alienation, as noted in the conclusion of Chapter 4, the process of factor analysis will likely have two outcomes, that is, subordination 1 would be excluded from consideration and subordination 2 would be placed into the alienation factor to now include five subsets. If this were to occur, and given the identified connection between the themes of subordination and alienation, a single construct of subordination/alienation could be formed.

5.10.4 Keiser-Meyer-Olkin’s measure and Bartlett’s test

To assess whether the outcomes of exploratory factor analysis were adequate for confirmatory factor analysis, the three themes of power, subordination and alienation with the full set of ten codes or scale items (see Table 5.1) were tested using Keiser-Meyer-Olkin’s test for sampling adequacy and Bartlett’s test for sphericity. Kaiser-Meyer-Olkin’s index varies between 0 and 1.0. Kaiser (1974) recommended the acceptance of values greater than *0.5.* Hutcheson and Sofroniou (1999) proposed that a value between *0.5* and *0.7* is “mediocre”, between *0.7* and *0.8*, “good” and, *0.8* to *0.9*, “superb” (pp. 224-225). Sampling adequacy for this study is *0.748* falling into the range of “good”. Bartlett's test of sphericity was significant (.000) indicating the strength of the relationship among variables and, therefore, factor analysis is appropriate.

Table 5.6 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.748
Bartlett's Test of Sphericity	Approx. Chi-Square	506.049
	df	45
	Sig.	.000

In the qualitative Phase 1 of the study, template analysis identified ten codes relating to home support workers perceptions located across a priori themes of power, subordination and alienation, forming an initial basis for the testing of a three-factor solution towards the development of a measure.

5.10.5 Three-factor solution, power, subordination and alienation

Figure 5.1 depicts the framework of the change from the previous model to the new model of consumer-directed care with the a priori themes and the ten codes derived from the data of the qualitative Phase 1 of the study.

Figure 5.1 Proposed three-factor solution

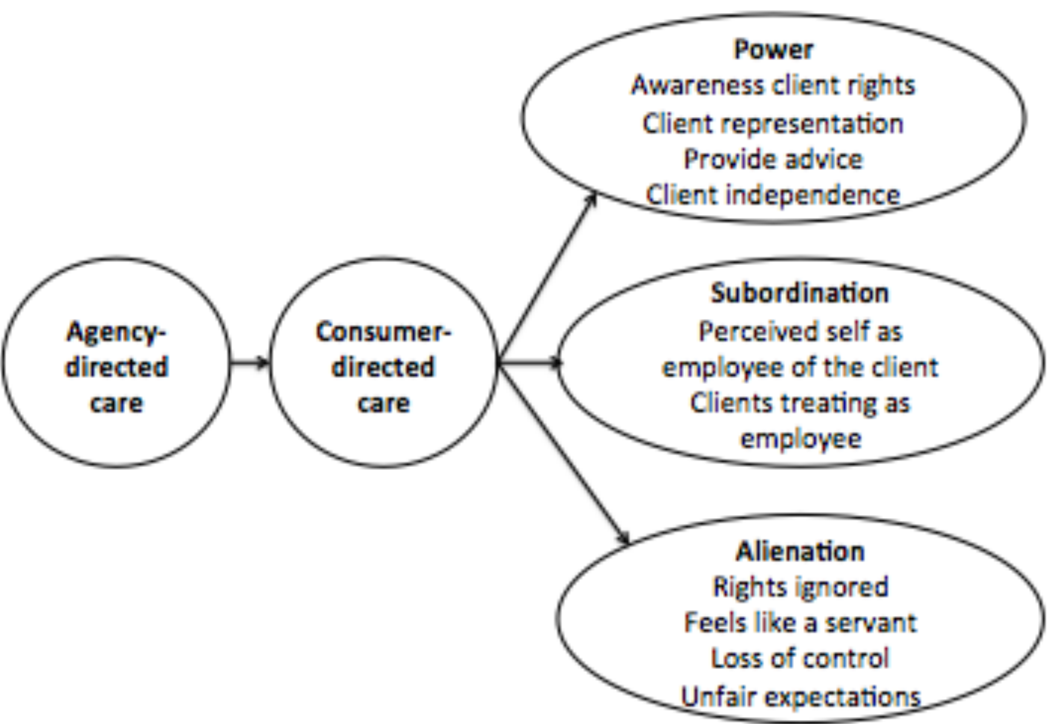


Table 5.7 lists the Eigenvalues associated with each linear component before extraction, after extraction and after rotation. Before extraction, ten components were identified. Three

factors in the initial solution have Eigenvalues greater than 1. Together, they accounted for almost 66% of the variability in the original variables.

Table 5.7 Total variance explained (ten scale items)

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
PWR1	3.243	32.435	32.435	3.243	32.435	32.435	3.110	31.097	31.097
PWR2	2.286	22.863	55.297	2.286	22.863	55.297	2.325	23.245	54.342
PWR3	1.067	10.665	65.963	1.067	10.665	65.963	1.162	11.621	65.963
PWR4	.743	7.433	73.396						
SUB1	.643	6.429	79.825						
SUB1	.591	5.914	85.738						
ALN1	.487	4.866	90.605						
ALN2	.399	3.990	94.594						
ALN3	.307	3.070	97.664						
ALN4	.234	2.336	100.000						

Extraction Method: Principal Component Analysis.

In Table 5.8 communalities before and after extraction are provided. In the extraction column, communalities are reflective of the common variance in the data structure. For example, it can be recognized that 58.6% of the variance associated with Question 1 is common, or shared variance.

Table 5.8 Communalities

	Initial	Extraction
PWR1	1.000	.586
PWR2	1.000	.693
PWR3	1.000	.404
PWR4	1.000	.663
SUB1	1.000	.896
SUB2	1.000	.601
ALN1	1.000	.782
ALN2	1.000	.670
ALN3	1.000	.719
ALN4	1.000	.582

Extraction Method: Principal Component Analysis.

By demonstration of the rotated component matrix (Table 5.9), a two-factor solution (rather than a three-factor solution) is evident in the data. Eight items loaded very strongly on Component 1 (four items) and Component 2 (four items). One item (5): Clients make me feel like their employee" cross-loaded on Components 1 and 3 with a higher loading of .625 on Component 1. The remaining item Subordination 1: "I regard myself as an employee of the client" loaded singularly on the third component with a loading of .941, confirming that the item should be excluded from consideration.

Table 5.9 Rotated component matrix (three-factor solution, ten scale items)

	Component		
	Alienation	Power	Subordination
PWR1 I have a greater awareness of the client rights		.755	
PWR2 I more often represent client concerns to the organization.		.825	
PWR3 I provide advice to clients about their entitlements		.628	
PWR4 I now assist clients towards greater independence		.796	
SUB1 I regard myself as an employee of the client			.941
SUB2 Clients make me feel like their employee.	.625		.458
ALN1 My rights are ignored in preference to those of clients	.883		
ALN2 Clients make me feel like their servant	.815		
ALN3 I feel a loss of control over the work that I do for clients	.834		
ALN4 I believe that clients have unfair expectations of my job	.738		

Rotation converged in 4 iterations. Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

Therefore, it is appropriate for the conduct of a test of a two-factor solution with the components of power (4 items) and subordination /alienation (5 scale items).

5.10.7 Two-factor solution, power and subordination/alienation

In Table 5.10 the extraction method resulted in two components with Eigenvalues greater than 1. Together, they accounted for 60.700 of variance with the "levelling off" of Eigenvalues on the Scree plot (Figure 5.2) after two factors.

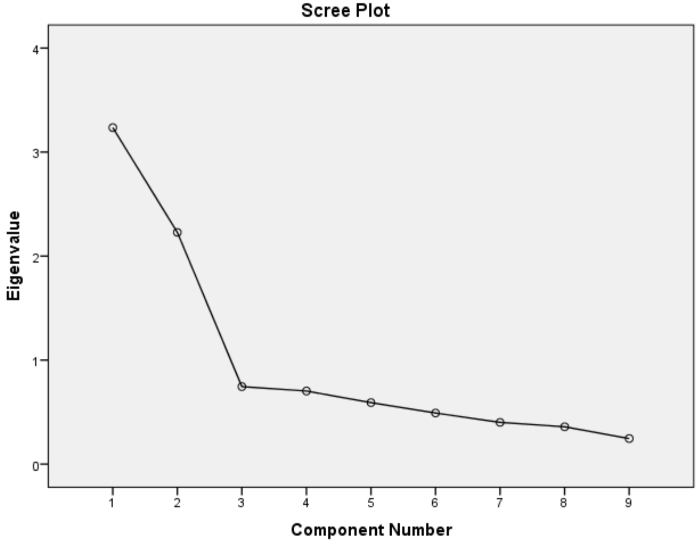
Table 5.10 Total variance explained (nine scale items)

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
PWR1	3.235	35.943	35.943	3.235	35.943	35.943	3.142	34.908	34.908
PWR2	2.228	24.757	60.700	2.228	24.757	60.700	2.321	25.792	60.700
PWR3	.745	8.280	68.980						
PWR4	.703	7.808	76.788						
SUB/ALN1	.591	6.571	83.359						
SUB/ALN2	.491	5.459	88.818						
SUB/ALN3	.401	4.458	93.276						
SUB/ALN4	.359	3.991	97.267						
SUB/ALN5	.246	2.733	100.000						

Extraction Method: Principal Component Analysis.

As discussed above, the Scree plot depicted in Figure 5.2 shows an abrupt break or discontinuities before factor 3, suggesting that the first two factors were meaningful and to be retained.

Figure 5.2 Scree plot two-factor solution



Rotation demonstrated that five scale items loaded with the subordination/alienation component and four scale items loaded with the power component. All nine-scale items demonstrated high loadings ranging between .620 and .879 (Table 5.11). These exploratory results support the potential for validation of a measure of the impact of change to consumer-directed care on home support workers with a two-factor scale of power and subordination/alienation.

Table 5.11 Rotated component matrix (two-factor solution, nine scale items)

	Component	
	Subordination /Alienation	**Power**
PWR1 I have a greater awareness of the client rights.		.758
PWR2 I more often represent client concerns to the organization.		.824
PWR3 I provide advice to clients about their entitlements		.620
PWR4 I now assist clients towards greater independence		.806
SUB/ALN1 Clients make me feel like their employee.	.682	
SUB/ALN2 Clients make me feel like their servant.	.821	
SUB/ALN3 I believe that clients have unfair expectations of my job.	.740	
SUB/ALN4 My rights are ignored in preference to those of clients	.879	
SUB/ALN5 I feel a loss of control over the work that I do for clients	.807	

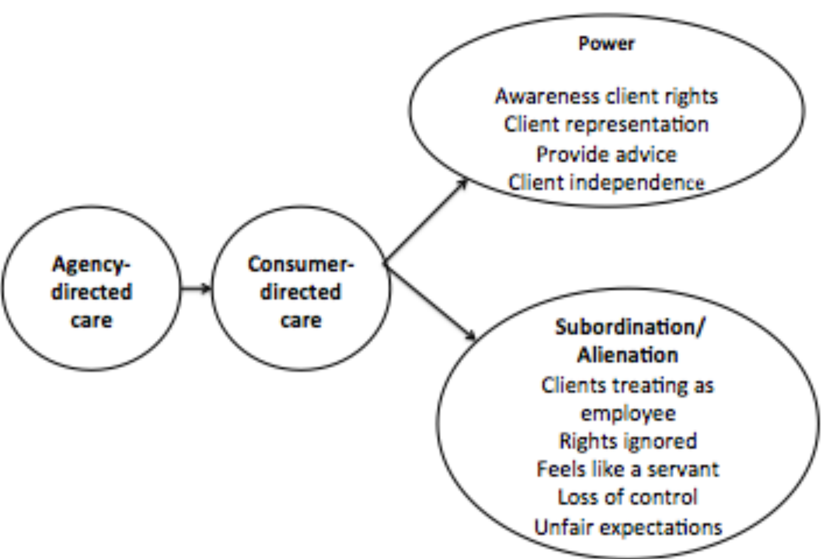
Rotation Method: Varimax with Kaiser Normalization.

Therefore, exploratory factor analysis resulted in revision from an initial “three-factor” conceptual framework with 10 items (Table 5.9) to reflect the two factors of “power” and “subordination/alienation” with a combination of nine items.

5.10.8 Summary

Exploratory factor analysis indicated a measure of two distinct factors of power and subordination/alienation with significant levels of reliability and validity (Figure 5.3).

Figure 5.3 Exploratory factor analysis: two-factor solution



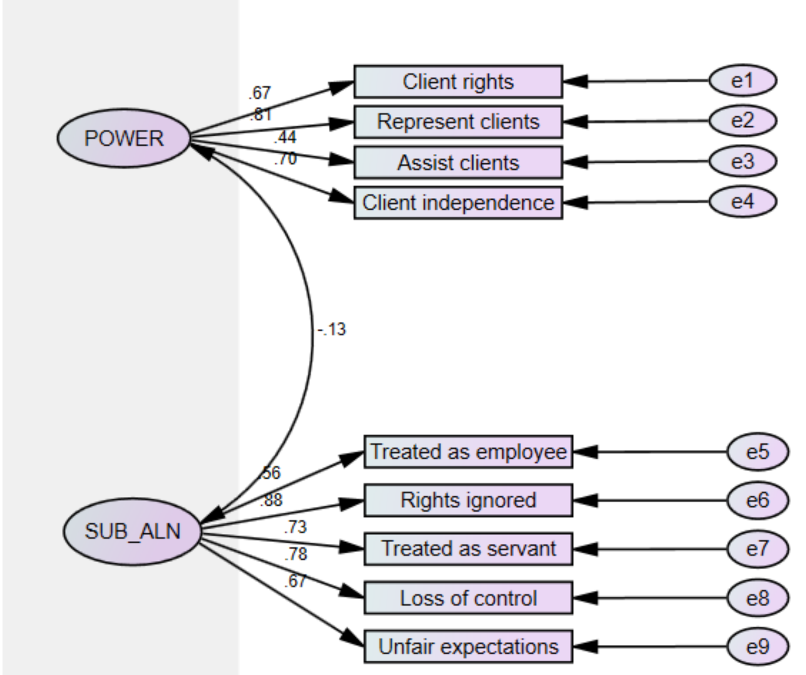
Exploratory factor analysis supports the potential for validation of the new scale. Costello and Osborne (2004, p. 8) strongly and sensibly signalled, “against drawing substantive conclusions based on exploratory analyses” and advised that confirmatory factor analysis should be used to answer questions such as “does an instrument have the same structure across certain population subgroups?”

5.11 Confirmatory factor analysis

5.11.1 Introduction

The purpose of confirmatory factor analysis was to validate the two-factor structure of power and subordination/alienation extracted by the process of exploratory factor analysis, as shown in Table 5.11. Gorsuch (1983) explained that, of the two major factor analysis approaches, confirmatory factor analysis "is powerful because it provides explicit hypothesis testing for factor analytic problems [while] confirmatory factor analysis is the more theoretically important." (p. 134). This method of analysis was used to evaluate the adequacy, construct validity and possible modifications to the two-factor solution, power and subordination/alienation. Figure 5.4 depicts the hypothesised model relating to these two factors.

Figure 5.4 Hypothesised model, factors of power and subordination/alienation



To test the fitness of the model using confirmatory factor analysis, the model can only be significant where some statistical conditions are met. Absolute fit indices include the Chi-

Squared test, Root mean square error of approximation (RMSEA), and the Comparative Fit Index (CFI).

5.11.2 Chi-squared test/Chi-square ($\chi 2$)

The Chi-squared test indicates the difference between observed and expected covariance matrices. Hu and Bentley (1999) reported that "The $\chi 2$ goodness-of-fit statistic assesses the magnitude of discrepancy between the sample and fitted covariance matrices, and it is the product of the sample size minus one and the minimum fitting function" (p. 2). Values closer to zero indicate a better fit with smaller differences between expected and observed covariance matrices. If the Chi-square is significant, the model is generally regarded as unacceptable. That is, the value of the RMSEA of the model should *not* be significant *(≤ 0.05),* the p-value of the Chi-squire *must be* significant (>*0.05*) (Gaskin & Happell, 2014). In the current study the Chi-square is *not* significant (*p =0 .156*). The model under review, the "Default model", is, therefore, regarded as acceptable at $p > 0.05$ (Table 5.12). The value of Chi-square for this model is 33.228 and its p-value at 0*.156* is significant.

Table 5.12 CMIN

Model	NPAR	**CMIN**	DF	P	CMIN/DF
Default model	19	**33.228**	26	**.156**	**1.278**
Saturated model	45	.000	0		
Independence model	9	487.113	36	.000	13.531

5.11.3 Comparative fit index (CFI)

Raykov and Marcoulides (2000) defined CFI as the "ratio of improvement in Noncentrality (moving from the null to the proposed model) to the non-centrality of the null model" (p. 41). The CFI analyzes the model fit by examining the discrepancy between the data and the hypothesized model while adjusting for the issues of sample size inherent in the chi-squared test of model fit. CFI values range from 0 to 1, with larger values indicating better

fit. A CFI value of *0.95* or higher is presently accepted as an indicator of good fit (Gaskin & Happell, 2014). For this study, CFI = *.984* indicated a good fit (Table 5.13). The value of Chi-square for this model is 33.228 and its p-value at *0.156* is significant. Moreover, the value of the CFI at *0.984* is greater than the minimum required value for CFI at *0.95* (Table 5.15)

Table 5.13 CFI

Model	NFI Delta1	RFI Rho1	IFI Delta2	TLI Rho2	**CFI**
Default model	.932	.906	.984	.978	**.984**
Saturated model	1.000		1.000		1.000
Independence model	.000	.000	.000	.000	.000

5.11.4 Root mean square error of approximation (RMSEA)

Another measure of goodness of fit is the RMSEA. The root mean square error of approximation avoids issues of sample size by analyzing the discrepancy between the hypothesized model, with optimally chosen parameter estimates, and the population covariance matrix. The measure ranges from 0 to 1, with smaller values indicating better model fit. Gaskin (2014) proposed a level of < *0.06 -.1* RMSEA value. The current study is acceptable at *0.043* (Table 5.14).

Table 5.14 RMSEA

	RMSEA	LO90	HI90	PCLOSE
Default model	**.043**	.000	.082	.573
Independent model	.289	.267	.312	.000

5.11.5 Testing of reliability

Reliability refers to whether item scores in an instrument are internally consistent in terms of their responses across constructs and stability over time, and whether there was

consistency in test administration and scoring (McLaughlin, 2009). Cronbach alpha provides a measure of the internal consistency of a test or scale, expressed as a number between 0 and 1.0, with values close to 1.0 indicating greater reliability. According to Fraenkel and Wallen (2000) a useful guide is that reliability should be at least .70 or preferably higher (p. 179). However, Hinton, Brownlow, McMurray and Cozens (2004) acknowledged that "there is much debate ... as to where the appropriate cut-off points are for reliability. These researchers suggested that a good guide is .90 and above, "excellent reliability", .70 to 0.90 "high reliability", 0.5 to 0.70 "moderate reliability", and 0.50 and below "low reliability" (p. 364). Reliability of the validated measures of power and subordination/ alienation was of high reliability at .728 and .842, respectively. Reliability for existing measures analyzed in Chapter 6 for openness to change, perceived supervisor support, and job satisfaction were of high reliability at .802, .831 and .887, respectively. Therefore, using the guide proposed by Hinton et al. (2004), all Cronbach alpha scores were of high reliability. (Table 5.15)

Table 5.15 Reliability of measures

Measure	**Cronbach alpha**
Power	.728
Subordination/ alienation	.842
Openness to change	.802
Perceived supervisor support	.831
Job satisfaction	.887.

5.11.6 Summary

This subsection provides a summary of the measurement model findings based on confirmatory factor analysis (Table 5.16). Determinations of the model fit are compared with suggested cut-off values cited in the literature for, Chi-square, CFI, PCFI, and RMSEA indices (Gaskin & Happell, 2014). According to these suggested values, the scale under consideration in this study was regarded as having a good fit in all four of these indices,

thus exceeding the sum of at least three indices for the model to achieve a minimum threshold. The Cronbach alpha for power and subordination/alienation are both at “high reliability” levels.

Table 5.16 Confirmatory factor analysis, summary of outcomes

	Acceptable level (Gaskin & Happell, 2014)	Model	Model fit decision
Chi square *X2*	p >0.05	0.156	Good Fit
Chi square X2/*df*	<3	1.278 p = .000*	Good Fit
CFI	095	*0.984*	Good Fit
PCFI	>0.5	*0.711*	Good Fit
RMSEA	<0.06 to 0.1	*0.043*	Good Fit
Reliability:	>.70 to 0.90 high reliability (Hinton et al., 2004)		
Power		.728	High reliability
Subordination/alienation		.842	High reliability

*p <.001

Confirmatory factor analysis validated a new measure with two factors of power and subordination/alienation. This represents a significant finding and provides the opportunity to specifically test the perceptions of home support workers under a consumer-directed care model.

5.12 Conclusion

This chapter reported the development of a questionnaire related to the effect of the change to consumer-directed care on home support workers. On the outcomes of the 2016 questionnaire, exploratory and confirmatory factor analysis resulted in the validation of a new measure of power subordination/alienation with the proposed title “Power and subordination/alienation: home support workers, and consumer-directed care”.

Validation of the measure makes an important contribution to the theory and a practical contribution to understanding home support workers’ role and relationships under a new

model of consumer-directed care model. The validated measure extends Havard, Rorive and Sobczak's (2009) typology of power and subordination to include a joint element of subordination/alienation. This represents a significant finding.

Development of this measure established the possibility of future research in the assessment and comparison of change to a consumer-directed care model of key workers providing services to home-based clients. It is envisaged that the validated measure will be of significant value to community aged care service providers in better understanding the role and relationships of home support workers with a potential positive "spin-off" effect on client welfare.

In the context of an ever-increasing ageing population and economic strategies to encourage aged persons to remain in their home for as long as possible, the validated measure has the potential to provide governmental policymakers with clearer recognition of the importance of home support workers in the provision of services under consumer-directed care. Cronbach alpha tests for the new validated measure of power and subordination/alienation and existing measures of openness to change, perceived supervisor support and job satisfaction indicated high reliability for each. Findings in this section are expanded upon in Chapter 7. Research Questions 2, 3 and 4 are addressed in Chapter 6.

CHAPTER 6. RESEARCH QUESTIONS 2, 3 AND 4

6.1 Introduction

The concept of "shifting alliances" (Leidner, 1996, p. 31), the topology proposed by Havard, Rorive and Sobczak (2009) and the complex play of interests (Lopez, 2010) between the parties within the service triangle illustrate the intricacies created by the interactive participation of the client. When workplace relational contexts change, power transfer amongst the three frontline service actors may also change the relationships. The legislated change to the Australian model of consumer-directed care required a power transfer from the organization to the client. Findings in the qualitative Phase 1 (Chapter 4) revealed that the change gave rise to relational complexities extending beyond those between the organization and the client. Home support workers perceived change in their power and feelings of subordination and alienation.

In this sequential exploratory mixed methods study, the outcomes of qualitative Phase 1 informed the construction of the questionnaire in the quantitative phase (Creswell, 2003, 2009, 2013; Tashakkori et al., 1998; Charles Teddlie & Tashakkori, 2009). Qualitative Phase 1 identified a priori themes in the literature and emergent codes that became the focus of the questionnaire in the quantitative Phase 2. A new validated measure (Creswell, 2014b, p. 231), namely, "Power, subordination /alienation: home support workers, and change to consumer-directed care" is reported in Chapter 5.

In this chapter, Research Question 2 is addressed by the comparison of responses to the open-ended questions in the 2016 (Time1) and 2017 (Time 2) questionnaires (Section 6.2). Research Question 3 is addressed by a cross-sectional analysis of the experience of the initial change to the new model using simple multiple regression to analyze the data from 151 participants of the questionnaire in Phase 2 (Time 1 2016), in triangulation with the qualitative outcomes of Phase 1 (Question 1) of this study (Section 6.3). In Section 6.4,

Research Question 4 is addressed by a repeated measures or paired-samples t-test of data between matched home support worker responses in Phase 2 (Quantitative, 2016, Time 1) and (Quantitative, 2017, Time 2) to triangulate with the outcomes of the qualitative examination of the responses to the open-ended questions in the 2016 (Time 1) and 2017 (Time 2) questionnaires (Question 2).

6.2 Research Question 2

6.2.1 Introduction

As reported in Chapter 5, home support workers from five participating organizations completed the questionnaires conducted during September and October 2016 and a year later in 2017. The final section of each questionnaire contained a voluntary open-ended question, *Are there any comments you wish to make about your job and how consumer-directed care has affected you?* This section addresses Research Question 2, relating to a comparison between the outcomes of the responses to the open-ended question in 2016 and 2017.

> RQ2: Have the attitudes and perceptions of home support workers towards the change, including client empowerment, power, subordination and alienation, and supervisor support and job satisfaction, been consistent over time between the early stage of the change (2016) and the later stage (2017)?

Open-ended questions are used “to explore, explain, and/or reconfirm existing ideas [and are] extremely useful in helping to explain or gain insight into organizational issues. At the same time, open-ended questions can generate both an interesting and challenging type of text to analyze” (Jackson & Trochim, 2002, p. 308). Popping (2015) advised that “the open-ended question is supposed to catch information that is not seized by a closed question” (p. 25). The open-ended question in the 2016 and 2017 questionnaire requested

home support worker participants to voluntarily reflect on wider issues associated with their work and the effect of consumer-directed care.

There are alternative views about the use of data from open end-ended questions in questionnaires. For example, LaDonna, Taylor and Lingard (2018) concluded, "[researchers] should conceptualize these data and their analysis a priori as an adjunct analysis to the primary survey research, not as a post hoc stand-alone piece of qualitative scholarship" (p. 32). The responses to the open-ended questions in the 2016 (Time 1) and 2017 (Time 2) questionnaires were not analyzed simply on a "stand-alone" basis (Wisdom & Creswell, 2013) but were used to triangulate with the quantitative comparison addressing Research Question 4 (Section 6.4). The responses were analyzed using the final template of the Qualitative Phase 1 study.

6.2.2 Responses to the open-ended question

There were 359 valid responses to the 2016 and 2017 questionnaires. Of the 151 responses to the 2016 questionnaire, 67 (44%) responded to the non-compulsory open-ended question. Of the 208 responses to the 2017 questionnaire, 38 (18%) responded. In both questionnaires, 33 of these home support workers raised issues not dealt with in this study, including, for example, frequency of staff meetings, perceived technicalities associated with the new model, conditions of employment, such as rostering, remuneration, tenure and turnover intention. Of the remaining 72 home support workers, 50 from the 2016 questionnaire and 22 from the 2017 questionnaire provided responses relevant to the focus of the current study. The following compares the responses between 2016 and 2017 by home support workers (HSW) under the themes of openness to change, power, subordination and alienation, perceived supervisor support and job satisfaction.

6.2.2.1 Openness to change

A significant proportion of respondents in both 2016 and 2017 positively expressed their openness to the change, with particular recognition of the perceived benefits for the client. For example,

> Consumer-directed care has been a positive change and a relatively smooth transition where the clients will gain and be in more control of their needs. (HSW 42/2016)

> Handled with care and good logic (taking into account the clients' cognitive abilities) CDC I consider to be a step in the right direction in delivering services the client actually needs and wants rather than one size fits all. (HSW 132/2016)

> I am very happy that the clients get better control of the use of their money. (HSW 91/2017)

Similar to the participants in the Phase 1 qualitative study, the respondents to the open-ended question in both Phase 2 questionnaires explicitly recognized that the Australian Government was instrumental in the introduction of consumer-directed care in the community aged care sector. For example

> We are more aware of the new rules and regulations. More stringent, more government controlled, more this is it, no change, and no deviation. (HSW16/2016)

> I just think it's the government trying to put more decisions into individuals' hands and in some ways that's fantastic. (HSW8/2016)

Some respondents expressed resistance to the change and appeared cynical about financial arrangements under the new model:

> “This system has lost its heart and turned into a moneymaking operation. (HSW 24/2016)

> The model “seems to be more about the cost of the services rather than the services themselves”. (HSW 34/2016)

One 2017 respondent sheeted the blame for problems home to the government, like the interviewees in the Phase 1 study:

> The waiting list and the information that is being withheld by the government have not helped clients understand or undertake packages. Overall, I hope CDC is a good thing. I have seen it work many times very well but can't help to think more people will fall through the cracks without the support of the organizations. (HSW 61/2017)

6.2.2.2 Power

The majority of respondents had not experienced a change to their role following the introduction of the new model:

> All in all, I'll still care for my clients in the same manner as I have always done. Caring respectfully and professionally. (HSW 59/2016)

> At this stage, I have not noticed any changes. I have 2 clients currently with (the organization) and the changes have not impacted on them or myself. Love working with them and the organization. (HSW 31/2017)

Other respondents indicated that their role had increased in power in that they now provided advice to clients about issues associated with the new model.

> I have spent a lot of time hearing concerns and questions from clients who don't understand the changes happening in community care. They are aged 80-95 approx. and, unfortunately, are the ones on the cusp of changes. It is difficult for me seeing this. (HSW 58/2016)

> I have noticed that I am fielding more comments from clients about expenditure statements, as they haven't seen them before. They have questions and concerns about the different expenditure items. (HSW8/2017)

In responding to the open-ended question in the Phase 2 study, one home support also recognized the need for training in advocacy with the view to assisting clients in understanding consumer-directed care:

> I think we need to be more educated in advocating for our clients to help them use their home care packages for best effect. Good outcomes for all involved. (HSW 18/2016)

6.2.2.3 Subordination and alienation

Perceptions of subordination and feelings of alienation expressed by questionnaire respondents were consistent over the two years and also supported the views of interviewees in the qualitative Phase 1. One respondent advised, "I am controlled a little more from clients" (HSW 32/2017). Other home support workers expressed a sense of vulnerability and loss of control, and some professional misgivings about client empowerment, for example:

> I am full time and have no concern about losing hours or my job but I still feel more vulnerable to client prejudice and decision-making. I also feel clients don't take up CDC because of the personal costs to themselves. Unfortunately, some clients who have control of their money (which is good) put that money into other things they believe they need to the detriment of their health, personal care, and mental health. (HSW 61/2017)

Another home support worker expressed disappointment at the failure of the relationship with the client as a result of financially empowering the client:

> One of my clients dropped all standby personal care services so she could use CDC as a money saving exercise. When things like this happened, it made me feel that our services were not valued by consumers and that my contribution, physical and emotional, was not valued. When cold hard cash was on the table it was interesting to see the clients' true natures come out. (HSW 26/2016)

Several respondents expressed feelings of subordination and alienation, with one even feeling like a slave:

> Some clients do treat you as their slave. Not many do but sometimes you feel as if you are just the worker and you must do exactly what they want. (HSW 23/2017)

Consistent with finding from the interviews, respondents in both 2016 and 2017 stated that the change to client empowerment gave rise to unfair expectations, with clients expecting them to perform work beyond normal requirements and within limited time frames:

> Consumer expectations are unrealistic given our time frames to execute the work they want. (HSW16/2016)

> The job has turned into a cleaning job. Some clients expect we can polish their homes rather than spring-clean it once. (HSW 10/2016)

> These days clients appear to want cleaning for windows, scrubbing of tiles etc which is not per care plan and it's up to us to discuss with client. Previously clients were aware it was a "light clean" not a "spring clean”. (HSW 35/2017)

Respondents in both years perceived that their rights were ignored in preference to that of the client:

> Management/supervisors say one thing to the client and another to us regarding expectations but it always goes to the client side. (HSW 10/2016)

> The bigger the organization has got you are more treated like a number than a person. It's "all" about the consumer, 100% quality work, not about appreciation [to us workers] for helping consumers stay independent. (HSW 38/2016)

One home support worker felt that the demands of the client encroached on her rights:

> I have a client who likes to go out for a social time on public holidays but will only go out with me. My employer says you have every right to say no but I feel pressured by the client's expectations to give up my public holidays. I have had to choose which holidays are important to me i.e. Easter and Anzac Day so I can have those days off. But I have to give up other days, which limits my rest and recovery time and family time. (HSW 67/ 2017)

6.2.2.4 Perceived supervisor support and job satisfaction

The majority of the questionnaire respondents expressed appreciation of the level of support provided by their organization and, presumably by their supervisor.

> I feel extremely well supported by this organization and feel they are very committed to doing their best for staff and clients. (HSW 17/2016)

> An excellent organization to work for. Understanding all problems quickly sorted out. (HSW 73 /2017)

> I feel I am supported well by my managers and organization but since CDC I feel I am controlled a little more from clients. (HSW 61/2017)

Several respondents felt that there were supervision difficulties under the new model:

> This organization needs to look after good staff by more rewards and recognition and follow-ups and more opportunities. (HSW 22/2016)

> My dissatisfaction with my organization arises from the lack of consultation with care staff about changes in the company and the gradual distancing between managers/office staff and care staff (them and us mentality). The work environment is no longer open and welcoming to staff. (HSW 39/2016)

> Communication I feel is the main problem. I see. And that is between case managers and carer, carer to carers and even client to carer. I've been doing this for many years and the communication is not as good as it used to be. (HSW 2/2017)

A clear majority of the open-ended question respondents indicated a high level of job satisfaction, because of their relationships with clients. For example:

> I so enjoyed my work/job. I like to establish a close relationship with my regular clients. I treat them as my family members and they are very kind to me! I really like my job, my clients and my organization. (HSW8/2016)
>
> I have had about 5 jobs in my working life and I feel that aged care is fulfilling and an honourable occupation. I really love my job! (HSW156/2016)
>
> I love my job and clients. (HSW 70/2017)
>
> I find CDC work very rewarding. As a baby boomer myself I would like to think this type of quality care service is readily available as I continue to age. (HSW78/2017)

6.2.3 Summary

The responses to the 2016 and 2017 open-ended questions in Phase 2 of the study tended to be consistent and also reflect the findings of the qualitative Phase 1 study. There did not seem to be much change in home support worker attitudes between the two years. Respondents to the open-ended question in both the 2016 and 2017 questionnaires recognized that the design of consumer-directed care and the rules governing its implementation were the responsibility of the government. Some home support workers found the new model had operational problems but many responded in support of the model. They expressed openness to the change, particularly, emphasizing beneficial aspects for clients. Some of the home support workers' written responses showed that the new model had made a negligible difference to their role. Some respondents indicated a gain in power through the additional responsibilities to educate and advocate for their clients, so much so, that, according to one respondent, training advocacy was needed.

Some respondents expressed a sense of subordination and alienation. One example was being subject to clients' unrealistic expectations, such as "polishing tiles", and being reduced to becoming cleaners. Another felt treated like a slave. Some felt their rights were overlooked, with the excessive emphasis on the clients' rights. However, the majority of respondents expressed their appreciation of the support provided to them by their organization and their supervisor. Most of the respondents said they loved their jobs, particularly because of their relationship with their clients and because they felt their job contributed to their clients' wellbeing.

Significantly, the responses to the open-ended were remarkably consistent between the two years and there was not much evidence of attitudinal change or development. The purpose of the quantitative mean and t-tests (reported in Section 6.4) was to examine the attitudes and perceptions of home support workers across the two years to discover if there were any attitudinal developments. This was a triangulation of the findings of the qualitative comparison between the written responses to the open-ended questions in the two questionnaires (2016 and 2017). Further discussion and conclusions about these findings appear in Chapter 7. The next section reports on the multiple regression analysis of the 2016 (Time 1) data conducted to address Research Question 3.

6.3 Research Question 3

6.3.1 Introduction

To examine in-depth the effect of the empowerment of the client within the triangular relationship, in particular on the home support worker, the following research question was developed:

RQ3: During the implementation of the change to the consumer-directed care model, how did the change affect the relationships between the variables of openness to change,

power, subordination, subordination/alienation, perceived supervisor support and job satisfaction of the home support worker?

To address Research Question 3 a range of hypotheses was required, which, in this study, were drawn not only from the literature but also as competing hypotheses from the themes and emerging codes of the qualitative phase (Creswell, 2003, 2014a) as reported in Chapter 4.

Data from the 2016 home support worker questionnaire were analyzed using simple linear regresssion to address Research Question 3. The purpose was to establish where relationships exist between independent variables of openness to change, perceived supervisor support and three dependent variables of power, subordination/alienation and job satisfaction. This method of regression determines the strength of the relationship between the dependent and independent variables and "then, with some ambiguity" an assessment can be made of the importance of the relationship (Tabachnick & Fidell, 2014, p. 118).

6.3.2 Data analysis

6.3.2.1 Ratio of cases to independent variables

According to a recommendation for calculating sample size in multiple regression analysis, where N represents sample size, and M represents number of independent variables, the ratio of cases to independent variables is: ratio = $N>50+8M$ (Tabachnick & Fidell, 2014). The multi regression analysis in this study used four independent variables (openness to change, perceived supervisor support, power, and subordination/ alienation). Thus, the minimum sample is 50+8(4) = 82. The sample of 151 cases is therefore appropriate for multi regression analysis.

6.3.2.2 Skewness and kurtosis

Commonly used methods of testing variables for normality are skewness and kurtosis. Skewness of variables indicates that the mean of the variables is not in the center of the distribution. General guidelines vary as to what constitutes "problematic" skewness or kurtosis. West, Finch, and Curran (1995) suggested a threshold of ±2 for skewness and ±7 for kurtosis. Kline (2011) recommended that the absolute values of kurtosis should be below 8.0 while skewness should not be larger than 3.0. More conservatively, Tabachnick and Fidell (2014) proposed ±2 for both skewness and kurtosis. Table 6.1 demonstrates that variables in this study fall within the normality parameters suggested by Tabachnick and Fidell. As such, no further tests were required.

Table 6.1 Results of normality testing of variables

	N	Min.	Max.	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
OCh	151	22.00	49.00	37.45	6.74	-.274	.197	-.797	.392
POWER	151	12.00	28.00	21.80	3.63	-.452	.197	-.234	.392
SUB/ALN	151	5.00	32.00	14.58	5.86	.788	.197	.316	.392
PSS	151	18.00	42.00	35.31	4.78	-.898	.197	1.355	.392
JS	151	12.00	28.00	24.41	3.19	-1.187	.197	1.996	.392
Valid N (listwise)	151								

6.3.2.3 Testing for homoscedasticity and multicollinearity

There was homoscedasticity as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence in the four models of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals in the four models greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1.

6.3.3 Hypothesis testing

6.3.3.1 Introduction

Simple linear regression calculated relationships between the independent variables of:

- openness to change and perceived supervisor support and the dependent variable of power (Hypotheses H1 and H2);
- openness to change and perceived supervisor support and the dependent variable of subordination/ alienation (Hypotheses H3 and H4);
- power and subordination/ alienation and the dependent variable of job satisfaction (Hypotheses H5 and H6); and
- openness to change and perceived supervisor support and the dependent variable of job satisfaction (Hypotheses H7 and H8).

There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.989 (Hypotheses H1 and H2); 2.048 (Hypotheses H3 and H4); 2.027 (Hypotheses H5 and H6); and 1.978 (Hypotheses H7 and H8). Multiple regression was then calculated on the relationships between the respective independent variable and the dependent variables.

6.3.4 Hypotheses

6.3.4.1 Power

Hypothesis H1 deals with the relationship between openness to change and perceptions of power. The literature indicated that workers who have a high sense of power are highly identified with the work unit and tend to pursue their openness to change values in a way that contributes to the organization (Seppälä et al., 2012). This leads to the hypothesis

H1a: *Openness to change is positively related to power.*

Findings from the qualitative study (Phase 1) revealed that the greater majority of home support workers expressed positive attitudes towards openness to the change to the new model, and embraced the model of consumer-directed care. However, while some felt empowered, others did not. This leads to the competing hypothesis that this relationship may not exist:

H1b: *Openness to change is not related to power.*

Hypothesis H2 deals with the relationship between perceived supervisor support and perceptions of power. The literature argued that workers who perceive high levels of supervisor support display high levels of empowerment (Albrecht & Andreetta, 2011; Jose & Mampilly, 2015; Spreitzer, 1996). This leads to the hypothesis:

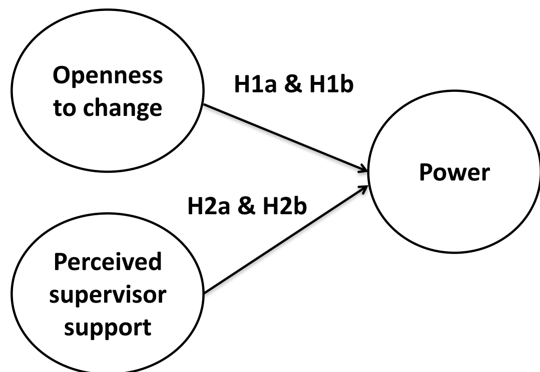
H2a *Perceived supervisor support is positively related to power.*

However, findings in the qualitative study (Phase 1) revealed that, while home support workers held positive views about the level of supervisory support during the change, they did not accredit change in their power that is, increases to their job role, to the level of supervisory support. This leads to the competing hypothesis:

H2b: *Perceived supervisor support is not related to power*

These hypotheses are illustrated in Figure 6.1 below:

Figure 6.1 Hypotheses H1 and H2



Multiple regression results H1 and H2

Power is correlated with openness to change and perceived supervisor support (F (2, 148) = 7.782, p = .001). Openness to change and perceived supervisor support accounted for 9.5% (R Square) of variance in power. The standardized beta value indicated that power has a positive influence on openness to change (β = .183) and also a positive influence upon perceived supervisor support (β = .206). Openness to change was not statistically significant, p = .025 and perceived supervisor support was also not statistically significant, p = .012. Therefore, hypotheses H1a is not supported while hypothesis H1b is supported, suggesting that openness to change may not always be positively related to power, which is consistent with the qualitative finding but not with the literature. Hypothesis H2a is not supported, but the alternative hypothesis H2b is supported, suggesting that perceived supervisor support is not related to perceptions of power, which is consistent with the qualitative finding, but not with the literature.

6.3.4.2 Subordination/alienation

Hypothesis H3 deals with the relationship between openness to change and perceptions of subordination/alienation. Wanberg and Banas (2000) demonstrated that workers with

lower levels of openness to change reported less job satisfaction and more work irritation and, therefore, possible feelings of alienation. This leads to the hypothesis:

H3a: *Openness to change is negatively related to subordination/alienation.*

However, the qualitative study (Phase 1) found that, during the period of change to the new model, some home support workers harboured feelings of subordination and alienation in their client relationships, but there was no indication that their openness to change affected their feelings of subordination/alienation. This leads to the competing hypothesis:

H3b: *Openness to change is not related to subordination/alienation.*

Hypothesis H4 deals with the relationship between perceived supervisor support and perceptions of subordination/alienation. The literature indicated that, during a structural change, positive perceptions of supervisor support reduce stress, which could obviate feelings of alienation (Denton et al., 2002a). This leads to the hypothesis:

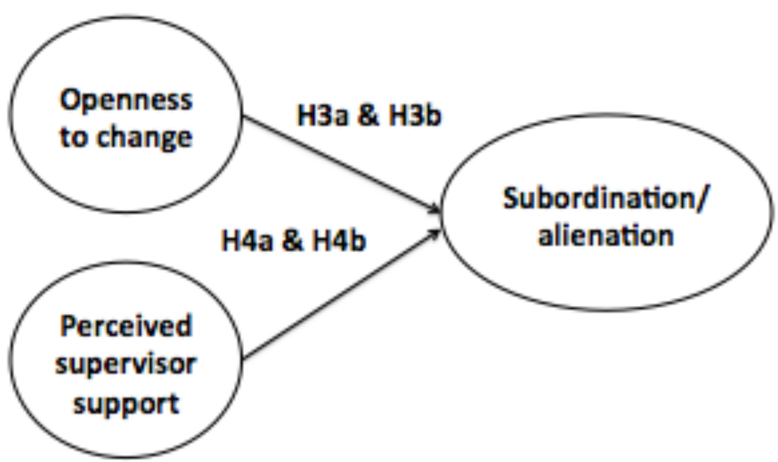
H4a: *Perceived supervisor support is negatively related to subordination/alienation.*

However, the qualitative study (Phase 1) found that while home support workers positively perceived the extent of supervisor support, this did not appear to make them feel more or less subordinated/alienated in their relationships with clients. This leads to the competing hypothesis:

H4b *Perceived supervisor support is not related to subordination/alienation*

These hypotheses are illustrated in Figure 6.2 below:

Figure 6.2 Hypotheses H3 and H4



Multiple regression results H3 and H4

Subordination/alienation is correlated with openness to change and perceived supervisor support (F (2,148) = 25.37, p = .000). Openness to change and perceived supervisor support accounted for 25.5% (R Square) of variance in subordination/alienation. The standardized beta values indicated that subordination/ alienation had a negative influence upon openness to change (β = -.314) and a negative influence on perceived supervisor support (β = -323). Openness to change is of statistical significance, p = .000, as was perceived supervisor support, p = .000. Therefore, hypothesis H3a is supported suggesting that openness to change is negatively related to subordination/alienation, which is consistent with the literature but not with the qualitative findings. Hypothesis H4a is supported, but H4b is not supported, suggesting that perceived supervisor support is negatively related to subordination/alienation, which is consistent with the literature but not with the qualitative finding.

6.3.4.3 Job satisfaction (1)

Hypothesis H5 deals with the relationship between perceptions of increased power and job satisfaction. Literature found that worker empowerment influenced frontline service workers behaviour, including making them feel better about their jobs (Chebat & Kollias, 2000). Similarly, the qualitative Phase 1 study indicated that some home support workers felt empowered by the change in their role, and expressed positivity in their job satisfaction as a result of their perceptions of increased power. This leads to the hypothesis:

H5a: *Power is positively related to job satisfaction.*

However, in the qualitative study other home support workers expressed job satisfaction although they did not feel empowered. This leads to the competing hypothesis:

H5b: *Power is not related to job satisfaction.*

Hypothesis H6 deals with the relationship between subordination/alienation and job satisfaction. In many health care roles, lower levels of alienation apply between the worker and the customer (Korczynski, 2009) and the service interaction between the worker and the customer is likely to be fulfilling (Lopez 2010). This leads to the hypothesis:

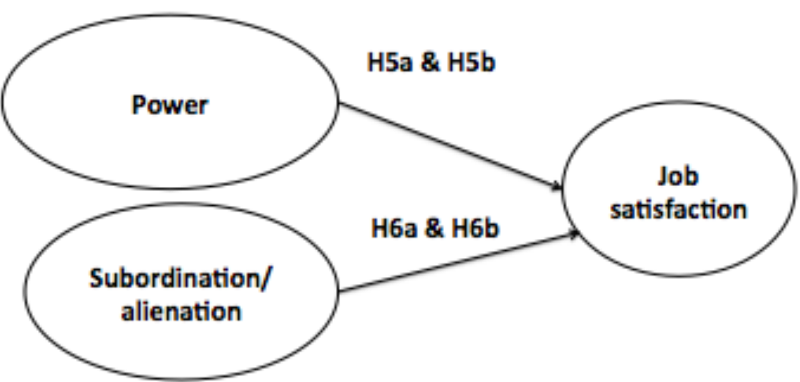
H6a: *Subordination/alienation has a negative relationship with job satisfaction*

However, in the literature specifically on health care workers, lower levels of alienation are felt by workers towards their clients as these workers are inclined to display care and empathetic emotions towards their clients (Korczynski, 2009). Findings in the qualitative study also showed that home support workers, despite their perceptions of subordination and alienation, maintained positive attitudes towards job satisfaction. This leads to the competing hypothesis:

H6b: *Subordination/alienation is not related to job satisfaction.*

These hypotheses are illustrated in Figure 6.3 below:

Figure 6.3 Hypotheses H5 and H6



Multiple regression results H5 and H6

Job satisfaction is correlated with power and subordination/alienation (F (2, 148) = 8.100, p = .000). Power and subordination/alienation account for 9.9% (R Square) of variance in job satisfaction. The standardized beta value indicated that job satisfaction has a positive influence upon power (β = .152) and a negative influence upon subordination/alienation (β = -.260). Power was not statistically significant, p =0.54 and subordination/alienation was statistically significant, p = .001. Therefore, hypothesis H5a was not supported, which is inconsistent with the literature and the qualitative findings. Hypothesis H5b was supported, suggesting that power may not always be related to job satisfaction. Hypothesis H6a was supported indicating that subordination/alienation has a negative relationship with job satisfaction. Hypothesis 6b was not supported.

6.3.4.4 Job satisfaction (2)

Hypothesis H7 deals with the relationship between openness to change and job satisfaction. The literature indicated that openness to change is positively associated with

job satisfaction (Wanberg & Banas, 2000). The qualitative study also found that home support workers expressed positive job satisfaction arising from their openness to change, and, therefore, there is no competing hypothesis. This leads to the hypothesis:

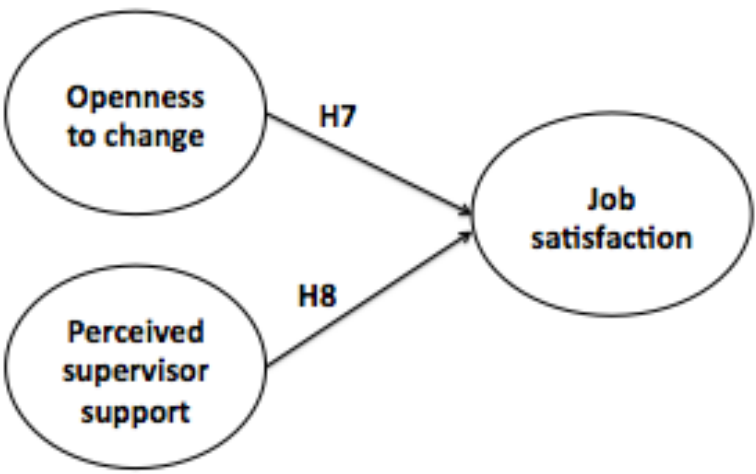
H7: *Openness to change is positively related to job satisfaction.*

Hypothesis H8 deals with the relationship between perceived supervisor support and job satisfaction. A predictor of job satisfaction is the level of support provided by the organization and its representatives (Rhoades & Eisenberger, 2002; Stamper & Johlke, 2003). In the qualitative study, home support workers related their job satisfaction in part to the quality of supervisor support and, therefore, there is no competing hypothesis. This leads to the hypothesis:

H8: *Perceived supervisor support is positively related to job satisfaction*

These hypotheses are illustrated in Figure 6.4 below:

Figure 6.4 Hypotheses H7 and H8



Multiple regression results Hypotheses H7 and H8

Job satisfaction is correlated with openness to change and perceived supervisor support ($F(2, 148) = 23.44$, $p = .000$). Openness to change and perceived supervisor support accounted for 24.1% (R Square) of variance in job satisfaction. The standardized beta values indicated that job satisfaction had a positive influence upon openness to change ($\beta = -.066$) and also a positive influence on perceived supervisor support ($\beta = .469$). Openness to change was not statistically significant, $p = .378$ and perceived supervisor support was statistically significant, $p = 000$. Therefore, hypothesis H7 was not supported, suggesting that openness to change may not be related to job satisfaction, which is inconsistent with the literature and with the qualitative findings. However, hypothesis H8 was supported, suggesting that perceived supervisor support is positively related to job satisfaction, which is consistent with both the literature and the qualitative findings.

6.3.5 Summary

Table 6.3 provides a summary of the outcomes of multiple linear regression on the dependent and independent variables discussed above.

Table 6.2 Multiple linear regression, summary outcome of Hypotheses

Dependent variable	Independent variables	Hypotheses	Outcome	Source
Power	Openness to change	H1a: Openness to change is positively related to power.	Not supported	Literature
		H1b: Openness to change is not related to power.	Supported	Qual. study
	Perceived supervisor support	H2a: Perceived supervisor support is positively related to power.	Not supported	Literature
		H2b Perceived supervisor support is not related to power.	Supported	Qual. study
Subordination/ alienation	Openness to change	H3a: Openness to change is negatively related to subordination/alienation.	Supported	Literature
		H3b: Openness to change is not related to subordination/alienation.	Not supported	Qual. study
	Perceived supervisor support	H4a: Perceived supervisor support is negatively related to subordination/ alienation.	Supported	Literature
		H4b: Perceived supervisor support is not related to subordination/alienation.	Not supported	Qual. study
Job satisfaction (1)	Power	H5a: Power is positively related to job satisfaction.	Not supported	Literature & Qual study
		H5b: Power is not related to job satisfaction.	Supported	Alternative
	Subordination/ alienation	H6a: Subordination/alienation has a negative relationship with job satisfaction.	Supported	General Literature
		H6b: Subordination/alienation is not related to job satisfaction.	Not supported	Qual. study
Job satisfaction (2)	Openness to change	H7 Openness to change is positively related to job satisfaction.	Not supported	Literature & Qual. study
	Perceived supervisor support	H8: Perceived supervisor support is positively related to job satisfaction.	Supported	Literature & Qual. study

The multiple regression analysis found that neither openness to change nor perceived supervisor support are related to power. These results supported the qualitative Phase 1 study results but not the literature. However, in the case of the relationship between both openness to change and perceived support and subordination/ alienation, the multiple regression results supported the literature but not the qualitative study. In the case of the relationship between power and job satisfaction, the multiple regression analysis supported the alternative hypothesis, which contrasted both with the literature and the

qualitative study. However, the results for the relationship between subordination/ alienation supported the general literature, not the qualitative study or the health literature. In the case of openness to change and power, the result supported the alternative hypothesis and not the literature or the qualitative study. The result for perceived supervisor support and job satisfaction, however, supported the literature and the qualitative study. The complexities and contradictions of the multiple regression findings in this section are examined in Chapter 7.

6.4 Research Question 4

6.4.1 Introduction

In order to discover how time affected home support workers' experience of the new model, the following research question was developed:

> RQ4: Are there differences between the perceptions of home support workers in the initial stage of the implementation to consumer-directed care and a year later, regarding openness to change, power, subordination/alienation and job satisfaction?

A paired-samples t-test determines whether the mean difference between paired observations is statistically significant. The test was used to determine whether there are differences in the statistical evidence in the mean difference between paired home support worker openness to change, power, subordination /alienation and job satisfaction obtained from data from Phase 2, Time 1 2016 and Time 2, 2017. In this study, home support worker participants are the same individuals tested to compare mean score changes. As discussed in Chapter 5, to obtain data of matched participants in Time 1 and Time 2, a section within the 2016 and 2017 questionnaires contained a self-generated non-identifying participant coding system designed to study the change over time (Grube, Morgan, & Kearney, 1989). Before the data were cleansed, the matched number of

respondents to the open-ended question in 2016 and 2017 was 85. Following the process of data cleaning 79 participants were found to be valid. This number was well over the thirty participants in t-tests recommended by Wilson VanVoorhis and Morgan (2007, p. 48).

6.4.2 Hypothesis development and testing

To address Research Question 4, hypotheses were drawn from the literature, and competing hypotheses were drawn from the themes and emerging codes of the qualitative study (Creswell, 2003, 2014a). The development and testing of the hypotheses follow.

6.4.2.1 Openness to change

Findings in the qualitative study revealed that participant home support workers demonstrated a high level of openness to the change to the new model, particularly because of its benefit to the client, Therefore, it was expected that between Time 1 (2016) and Time 2 (2017), as the model was completely rolled out, the mean scores for openness to change may increase significantly, which led to the following hypothesis:

H9a *There is a significant difference in mean scores of openness to change between Time 1 and Time 2*

On the other hand, the home support workers' increasing familiarity with the new model may mean that their openness to change would either remain the same or indeed decrease. Therefore, the competing hypothesis would be:

H9b: *There is no significant difference in the mean scores of openness to change between Time 1 and Time 2.*

Results

A paired-samples t-test evaluated the mean scores of openness to change over the period 2016 and 2017. There was a statistically significant increase in the openness to change

scores from Time 1 (*M* = 32.5, SD = 5.5) to Time 2 (*M* = 39.89, SD = 5.33), conditions *t*(78) = -.9.70, p = .000. Hypothesis H9a was therefore supported with the mean for openness to change over the period 2016 to 2017 significantly increasing.

6.4.2.2 Power

In the Phase 1 qualitative study, some participant home support workers enthusiastically perceived an increase in their power. Therefore, it was expected that between Time 1 (2016) and Time 2 (2017), the mean scores for power would increase significantly as the new model was rolled out, which led to the following hypothesis:

H10a: *There is a significant difference in the mean scores of power between Time 1 and Time 2.*

On the other hand, due to the relatively short time frame between the 2016 and 2017 questionnaires, home support workers' perceptions of increased power may not have significantly changed because their relationships with their clients may not have changed much, if at all. In fact, their clientele may not have changed much over this short period. Therefore

H10b: *There is no significant difference in the mean scores of power between Time 1 and Time 2.*

Results

A paired-samples t-test evaluated the mean scores of power over the period 2016 and 2017. There was a marginal increase in the power scores from Time 1 (*M* = 21.7, SD = 3.71) to Time 2 (*M* = 21.9, SD 21.9, 3.47), conditions *t*(78) = - 508, p = .613. Therefore, competing hypothesis H10b was supported, with no significant increase in the power mean.

6.4.2.3 Subordination/alienation

In the Phase 1 qualitative study, participant home support workers expressed perceptions of subordination/alienation**.** The home support workers also indicated that the increasing number of baby boomers accessing consumer-directed care and their greater awareness of the rights could significantly affect their relationships. Therefore, it was expected that between Time 1 (2016) and Time 2 (2017), the mean scores for subordination/alienation would increase significantly which led to the following hypothesis:

H11a: *There is a significant difference in the mean scores of subordination /alienation between Time 1 and Time 2.*

On the other hand, consistent with the mean score of power, the relatively short time frame between the 2016 and 2017 could mean that home support workers' clientele had not changed very much, and their relationships with their clients had also not been subjected to change. Therefore, the competing hypothesis would be:

H11b: *There is no significant difference in the mean scores of subordination /alienation between Time 1 and Time 2.*

Results

A paired-samples t-test evaluated the mean scores of subordination /alienation over the period 2016 and 2017. There was a negligible decrease in the subordination/alienation scores from Time 1 (M = 14.4, SD= 5.47) to Time 2 (M = 14.3, SD=5.73), conditions $t(78) = -.508$, $p = .958$. Therefore, alternative hypothesis H11b was supported with no significant increase in the subordination/alienation mean.

6.4.2.4 Job satisfaction

In the Phase 1 qualitative study, participant home support workers expressed high levels of job satisfaction, primarily based on their perceptions of the benefits of the new model to the client. As even further benefits were accorded to clients under the 2017 legislated

changes, it was expected that between Time 1 (2016) and Time 2 (2017), the mean scores for job satisfaction would increase significantly, which led to the following hypothesis:

H12a: *There is a significant difference in the mean scores of job satisfaction between Time 1 and Time 2.*

However, as in previous instances, the 2017 changes to the model may not have been rolled out sufficiently for home support workers to experience a greater level of job satisfaction in terms of their relationships with clients. Therefore, their job satisfaction may have remained the same over the year, and the competing hypothesis would be:

H12b: *There is no significant difference in the mean scores of job satisfaction between Time 1 and Time 2.*

Results

A paired-samples t-test evaluated the mean scores of job satisfaction over the period 2016 and 2017. There was a marginal decrease in the job satisfaction scores from Time 1 (M= 24.9.4, SD = 2.60) to Time 2 (*M* = 25.1, SD = 2.66), conditions $t(78) = - 567$, p = .572. Therefore, alternative hypothesis H12b was supported with no significant increase in job satisfaction mean.

6.4.3 Summary

Tables 6.4 and 6.5 show the full results of the tests for the repeated measures t-tests for Openness to change (OCh), Power (PWR), Subordination/alienation (SUB/ALN) and Job satisfaction (JS)

Table 6.3 Paired-samples t-test statistics (1)

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
OCh, Time 1 – Time 2	-7.40506	6.78142	.76297	-8.92402	-5.88611	-9.706	78	.000
PWR Time 1 – Time 2	-.25316	4.43317	.49877	-1.24614	.73981	-.508	78	.613
SUB/ALN Time 1 –Time 2	.03797	6.43596	.72410	-1.40360	1.47955	.052	78	.958
JS Time 1 – Time 2	-.20253	3.17595	.35732	-.91391	.50884	-.567	78	.572

OCh=openness to change; SUB/ALN =subordination/alienation; JS= Job satisfaction

Table 6.4 Paired-samples t-test statistics (2)

	Mean	N	Std. Deviation	Std. Error Mean
OCh, Time1	32.4810	79	5.54206	.62353
OCh, Time 2	39.8861	79	5.33491	.60022
PWR, Time1	21.6835	79	3.70566	.41692
PWR, Time2	21.9367	79	3.46537	.38988
SUB/ALN, Time1	14.3797	79	5.46388	.61473
SUB/ALN, Time 2	14.3418	79	5.72866	.64453
JS, Time 1	24.9494	79	2.60128	.29267
JS, Time 2	25.1519	79	2.66068	.29935

Table 6.5 provides a summary of the paired-samples t-test, results for hypotheses H9 to H12.

Table 6.5 Paired-samples t- test, summary of results

Variable	Hypotheses	Results
Openness to change	H9a: There is a significant difference in mean scores of openness to change between Time 1 and Time 2	Supported
	H9b: There is no significant difference in the mean scores of openness to change between Time 1 and Time 2.	Not supported
Power	H10a: There is a significant difference in the mean scores of power between Time 1 and Time 2.	Not supported
	H10b: There is no significant difference in the mean scores of power between Time 1 and Time 2.	Supported
Subordination/ alienation	H11a: There is a significant difference in the mean scores of subordination /alienation between Time 1 and Time 2.	Not supported
	H11b: There is no significant difference in the mean scores of subordination /alienation between Time 1 and Time 2.	Supported
Job satisfaction	H12a: There is a significant difference in the mean scores of job satisfaction between Time 1 and Time 2.	Not supported
	H12b: There is no significant difference in the mean scores of job satisfaction between Time 1 and Time 2.	Supported

Change in the mean scores of openness to change resulted in hypothesis H9a being supported. These results raise the strong possibility that home support workers became more accepting of the change to consumer-directed care during the period of its implementation. There is also the likelihood that, as these workers increasingly understood the model, they became more open to the change.

In relation to relation to changes to the mean scores of power, subordination/alienation, perceived supervisor support and job satisfaction respective alternate hypotheses of H10b, H11b, and H12b were supported. It is, therefore, a possibility that home support workers' perceptions of the change in these four variables occurred during the earlier stages of implementation of the new model and remained steady at the time of response to the 2017

questionnaire. Another circumstance may be that over the single year, the clientele did not change much or at all, so the relationships were already established either before or early in the implementation of the new model. Alternatively, it may be too early to examine the effect of the second round of changes to the consumer-directed care model that occurred during February 2017 with the entry of for-profit providers into the sector or the increased benefits available to clients. In any case, home support workers' increasing positivity in their openness to change may have mitigated any negative impacts.

6.5 Conclusion

Theory proposed by Havard, Rorive and Sobczak (2009) and Lopez (2010) that organizational change can bring about a shift in power between an organization, workers and clients. In the current chapter, responses to the open-ended question, multiple regression, and repeated measures t-tests were used to examine aspects under the change to consumer-directed care. This chapter addressed Research Questions 2, 3 and 4.

In addressing Research Question 2, home support workers who responded to the open-ended questions in the 2016 and 2017 questionnaires exhibited very consistent attitudes, which also reflected the attitudes of the interviewees in Phase 1. In addressing Research Question 3, multi regression identified some complex findings associated with home support workers' perceptions during transition to a new model of consumer-directed care and triangulating with outcomes of the Phase 1 qualitative study. Some hypotheses developed from the literature were supported while some competing hypotheses developed from the Phase 1 qualitative study's themes and codes were supported.

Two multiple regression results were inconsistent with both the literature and the findings of the qualitative study, i.e., the support for "power is not related to job satisfaction" (H5b), and the lack of support for "openness to change is positively related to job satisfaction" (H7). There may be a range of reasons for these results, such as the recency of the survey

in relation to the implementation of the model. In other words, the implementation of the model was still too new to affect the job satisfaction of the workers either way. Other factors affecting job satisfaction unrelated to a sense of increase or decrease in power may be the home support workers' recognition of the benefit to the client of the new model, and not from an increase in their power or from openness to change as such.

These results provide a rich commentary on the qualitative Phase 1 study. Further discussion is provided in the next chapter. In addressing Research Question 4, change between the mean in Time 1 and Time 2 was identified positively on the hypothesis variable of openness to change. The paired-samples t-test showed that this was the only variable where there was a change of significance between Time 1 and Time 2. No change to the mean was found in the variables of power, subordination/alienation, perceived supervisor support and job satisfaction. These results are generally consistent with the findings of the qualitative analysis of the responses to the open-ended questions of the 2016 and 2017 questionnaires. Further discussion, conclusions and implications of the three investigations reported in this chapter are provided in Chapter 7.

CHAPTER 7 CONCLUSION AND IMPLICATIONS

7.1 Introduction

Using a sequential exploratory mixed methods design (Creswell, 2014a; Creswell et al., 2011), the current study addressed the research problem of how the implementation of consumer-directed care, specifically, the empowerment of the client, affected the role of home support workers and their relationships with clients. The important work of Leidner (1993, 1996; 1999) changed the notion of the duality of the employment relationship to involve the client in a three way or service triangle relationship(Bélanger & Edwards, 2013; du Gay & Salaman, 1992; Fuller & Smith, 1991; Gabriel & Lang, 2006; Korczynski, 2001; Korczynski, 2002; Korczynski, 2009; Korczynski, 2013; McCammon, 2000; Subramanian & Suquet, 2017). In this study, the theoretical framework of a service triangle typology was used to examine “shifting alliances” between the three actors in the context of power and subordination (Havard et al., 2009; Lopez, 2010) and alienation (Bolton & Houlihan, 2010; Korczynski, 2009; Lopez, 2010). Also examined were variables of openness to change (Miller et al., 1994; Wanberg & Banas, 2000), perceived supervisor support (Eisenberger et al., 1986; Shanock, 2006) and job satisfaction (Chen et al., 2016; Locke, 1976; R. P. Quinn & Shepard, 1974).

Through the prism of Havard et al.’s (2009) typology of the service triangle and the work of Lopez (2010), a better understanding is enabled of organizational change and the extent to which an employer, worker or client can alone or jointly influence other actors. In the current study one actor, the aged client became empowered, influencing another actor, the organization that experienced a reduction in power. Therefore, the shift to the new model changed the relationship between the organization and the client. The third actor, the home support worker remained subordinated to the organization. There appears to be no empirical research that has used the service triangle in the context of home support

workers and the change to consumer-directed care and the attendant complexities. This study makes a significant contribution to the theory and to organizational policy and practice about home support workers and consumer-directed care.

This final chapter integrates research findings of the Phase 1 qualitative study, and the three Phase 2 studies: the qualitative examination of the open-ended responses to the 2016 and 2017 questionnaires, the quantitative findings of the multiple regression analysis of the 2016 questionnaire data, and the quantitative findings of the mean and t-test analysis of the 2016 and 2017 matched data. The qualitative studies and quantitative studies are triangulated to strengthen and validate the outcomes, as well as test their generalizability. The potential uses of the validated measure are discussed. Available literature is used to support or counter research outcomes. Conclusions about the research problem and implications for service triangle theory are suggested. Implications are discussed of the effect of the study's outcomes on organizational policy and practice and government policy, together with limitations of the study and possibilities of further research. The chapter finishes with a presentation of the overall research conclusions. First addressed are conclusions about the four research questions.

7.2 Conclusions about the research questions

7.2.1 Research Question 1

Findings of the qualitative 2016 Phase 1 study addressed Research Question 1 and provided rich data about home support workers' perceptions and expectations during the change to the new model. These findings informed the Phase 2 questionnaires. Research Question 1 had six components, five of which concern home support workers' attitudes towards the change and acceptance of the concept of the new model, their power, subordination, feelings of alienation, perceived supervisor support and job satisfaction. The

remaining component examined differences in the perceptions of home support workers in their relationships and role against the perceptions of managers and coordinators. The outcomes of each component of Research Question 1 are discussed below.

7.2.1.1. Research Question 1(a)

Research Question 1(a) sought to discover home support workers' general attitudes towards the change to the new model through their perceptions:

RQ1(a): What were the attitudes of the home support workers towards the change, and in particular, to the concept of client empowerment?

Participants expressed a range of views about their openness to the change and client empowerment. Some participants felt that there was no noticeable change, as also found by Prgomet (2017). While some gave indications of resistance to the change, or preferred to remain under the previous traditional model, the majority supported the change with particular recognition of the benefits that the new model offered the client. The demeanour of participants in their interviews, whatever their views about the new model, revealed a warm emotional connection with the client. They expressed emotional concern about the limitations of the new model and the effect on clients, in particular, clients not receiving the right level care package according to their assessed needs. Other home support workers saw problems associated with clients who might ask for work that is not appropriate for them to undertake, or not in the client's own best interests.

Despite these misgivings, most home support worker participants were open to the concept of client empowerment, particularly because they felt that giving the clients more rights and control over the care they received was generally beneficial to clients and a good thing in principle. The attitudes of the home support workers towards the concept of the new model were overwhelmingly positive, with client welfare foremost in their minds. Whilst some home support maintained a negative view of the effect of the change, client

welfare for the majority of home support workers remained their priority. These findings are consistent with later research by Brown and Korczynski (2017) relating to the "caring self" of home support workers and the effect of organizational change. It was notable that most home support worker participants recognized that consumer-directed care was government initiated and controlled (Baines & den Broek, 2017; Prgomet et al., 2017) and, therefore, did not blame the organization for issues associated with the new model.

7.2.1.2 Research Question 1(b)

Research Question 1(b) sought to discover whether the power transfer to the client affected home support workers' role in terms of power:

RQ1b: Did home support workers perceive a change in power in their role?

Some home support workers did not perceive a change of power in their role. This seemed largely due to clients not yet being aware of the way consumer-directed care operated. Others perceived a change in their power, mainly to the extent of providing advice to clients on the intricacies of the new system. They felt that, as a result of the new model, educative, advocacy and client representational functions were new features of their role where clients required advice about their concerns regarding the application of the new model (Day et al., 2018; Gill et al., 2018; Kaambwa et al., 2015; McCallum & Rees, 2017). Some home support workers specifically referred to the increase in their responsibility for the ongoing wellbeing of the client occasioned by the reduced contact that coordinators had with clients and by the fact that coordinator contact had to be paid for by clients through the package.

Extant literature during the early stages of change to consumer-directed care in Australia indicated that the role of home support workers under the former traditional model (Clarke, 2015) remained unchanged under the new model (Gill et al., 2017; Palesy et al., 2018; Prgomet et al., 2017). On the other hand, the current study found that some home

support workers perceived an increase in power to their role resulting from the introduction of the new model. Home support worker perception of increased power in their role is a significant finding.

7.2.1.3 Research Question 1(c)

Research Question 1(c) sought to discover whether home support workers felt that client empowerment had reduced their status in the eyes of the client:

RQ1c: Did home support workers experience feelings of subordination in their relationships with clients as a result of the change?

Under the new model, home support workers remained subordinate to the organization as an employee and continued to perform their work according to organizational requirements. This differed from international consumer-directed models where, typically, the client was the employer of the home support worker with hiring and firing powers (Benjamin & Matthias, 2004; Kodner, 2003; Low et al., 2011). However, findings in this study revealed that home support worker perceptions of the change did not always conform with the principles of the new model or to their expectations of their client relationships. Some home support workers felt subordinated in their client relationships. This manifested itself for example in perceptions of being treated by the client as their employee or working for the client. Home support worker feelings of subordination in their client relationships represent a significant finding.

7.2.1.4 Research Question 1(d)

Research Question 1(d) sought to discover if home support workers felt alienated from the client as a result of the change to consumer-directed care.

RQ1d: Did home support workers experience feelings of alienation in their relationships with clients as a result of the change?

While some home support workers did not feel alienated under the process of change to the new model, others expressed themselves quite strongly about how their new relationship had become somewhat alienating. Some participant home support workers felt that their rights were ignored in favour of the client. One felt like the client was treating her as a servant. Further, clients had unfair expectations about their role as home support workers. Other reasons given for the feeling of alienation were that home support workers now felt a loss of power and control over their job. They had to obey the client's wishes even if they could see that the client needed something other than what they ordered. Clients were also requesting that home support workers completed tasks (e.g. more intensive cleaning) that were not on the agreed plan between the organization and the client. Further, some clients, who were obviously in need of personal care, could, under consumer-directed care, refuse and suggest that alternative work be performed. Such situations could be quite distressing for the home support worker (Aronson & Neysmith, 2006; Stacey, 2011). Home support worker feelings of alienation in their client relationships in the transition to a new model of consumer-directed care is a significant finding.

7.2.1.5 Research Question 1(e)

In the qualitative Phase 1 of the study managers and coordinators were also interviewed for their views about home support workers' perceptions and experience of the change, as specified in Research Question 1(e):

RQ1e: What were the perceptions of managers and coordinators about the impact of the change on home support workers?

Within the service triangle, frontline service managers and supervisory staff as agents of the organization are key actors. Havard, et al. (2009) reported that senior staff are also individual actors defending their own interests with the ability to intervene between the

three actors” (see also Lopez, 2010). Havard et al. also demonstrated that, whilst a service relationship typically existed between the frontline service worker and the client, senior staff is able to maintain direct contact with the client (p. 259), as is the case under the Australian model. Bolton and Houlihan (2010) recognized that senior staff, as part of the service triangle, perform an upfront “challenging and conflicted” role where the organization can seem just as removed to them as it could be to dissatisfied clients and frontline service workers (p. 382).

In the current study managers and coordinators provided valuable contextual information and responded to the perceptions of home support workers both in a forthright and open manner. Managers and coordinators expressed personal and professional commitment to the principles of the new legislated model which gave the clients rights and which required organizations and their staff to respect these rights. Within these parameters, the wellbeing of their home support workers was also of paramount concern to the managers and coordinators. Managers and coordinators acknowledged and supported the significant contribution of their home support workers to their dedication towards well the being of clients.

However, managers and coordinators’ views about home support worker’s role were complex. On the one hand, coordinators did not accept that the role of the home support worker had changed much, if at all. Rather, they felt that their own role had substantially increased, with greater concentration on planning, administration, including financial management of client entitlements. On the other hand, some managers and coordinators subsequently acknowledged that home support workers needed an understanding of financial and budgetary information not previously needed under the previous traditional model and were required to be more aware of the content and information about client programs, and client rights and clients’ individual budgets.

Managers and coordinators mostly failed to sufficiently acknowledge home support workers' perceptions of changes to their role, in particular, their claims of the advisory role and additional tasks arising from a reduction in coordinator visits to clients (Franzosa et al., 2018b). While some managers and coordinators considered that these activities had always been part of the home support worker role, others regarded client advice and advocacy as their domain and inappropriate functions for home support workers. It may be that managers and coordinators did not anticipate the level of client confusion and misunderstanding arising from the newness of the model and, therefore, did not expect that home support workers would have to explain so much to their clients. In any case, given the extent of home support worker perceptions of an increase in their role, these perceptions should not be ignored and deserve consideration.

Relating to home support worker perceptions of subordination (Havard et al., 2009), that is, clients treating home support workers as their employees, managers and coordinators held the view that the newly empowered clients had the right to treat home support workers in this way and, in fact, they encouraged clients to do so. These attitudes are of major concern. Whilst clients now have rights to choose their services and their care provider, no justification exists for the subordination of home support worker to the extent that clients are effectively given permission to regard home support workers as their employee. This could eventually lead to difficulties in the relationship between the home support worker and the client and the possibility of reduced job satisfaction.

Responses by managers and supervisors were also largely unsympathetic to home support workers' feelings of alienation arising from their perceptions of loss of control. Based on the premise of the importance client empowerment under the new model, one manager virtually celebrated home support workers' perceptions of feelings of loss of control and working as an employee of the client. For example, a manager celebrated the fact that treatment of this nature was appropriate and in line with consumer-directed care

principles. In fact, in some instances, coordinators encouraged clients to believe that they were the employer of the home support worker. In the context of the wider service sector, another manager felt that the notion of clients seeing workers as their employee "is almost formed" in a client's mind. Another complex issue arose where a manager acknowledged that home support workers should even accept client treatment of them as a servant to ensure that the client does not seek to transfer to another provider organization. Conflicting views of managers and coordinators relating to home support worker perceptions of increased power in their role and feelings of subordination and alienation in their client relationships represent significant findings.

7.2.1.6 Research Question 1(f)

Research Question 1(f) sought to discover home support workers' perceptions about their relationship with the organization, specifically, with their supervisor:

RQ1f: What were the perceptions of home support workers regarding supervisor support?

According to Elias and Mittal (2011), supervisor support positively influences the level of job satisfaction. Any ongoing lack of supervisor support, particularly during a period of significant change may lead to a diminished level of job satisfaction. Franzosa et al. (2018a) found that during a change process, home support workers sought easier access to coordinators, which allowed for concerns to be adequately addressed and for a greater understanding by the organization of the challenges confronting home support workers during the change. Most participant home support worker expressed appreciation of the level of support received from their coordinators during the transition period of consumer-directed care. On the other hand, the majority expressed concerns about the manifest reduction in coordinator visits, which had the effect of increasing the level of responsibility or power in their own role**.** Findings relating to perceptions of supervisor support to are consistent with the literature.

7.2.1.7 Research Question 1(g)

Research Question 1(g) sought to discover home support workers' relationship with their organization in terms of their job satisfaction:

RQ1g: What were the perceptions of home support workers regarding their job satisfaction?

A noticeable majority of home support workers expressed a level of job satisfaction almost entirely based on their relationships with and emotional care for the clients. In the current study, the level of job satisfaction was overall consistent with participants' strong feelings of openness to the change due to their positive recognition of the benefits the change bestowed on their clients. Consistent with the literature, in particular Stacey's (2011) concept of the "caring self", participant home support workers exhibited a high level of job satisfaction, despite the complexities associated with perceived adversities and feelings of subordination and alienation. These findings about job satisfaction are consistent with the literature.

7.2.1.8 Summary

There are significant findings about the effect of the change on home support workers' perceptions of increased power in their role and feelings of subordination and alienation in their relationships with the client. Most home support worker participants predominantly accepted the new model and demonstrated a high level of perceptions of openness to the change. Some perceived an increase in power in their role, but also an increase in subordination and feelings of alienation. The majority experienced positive supervisor support and job satisfaction. Managers and coordinators recognized the work and contribution of home support workers. Whilst some acknowledged that some aspects of the home support worker's role had changed, others considered that they had experienced a greater change in their own role. Managers were wholly committed to the principle of client

empowerment and were generally unsympathetic of home support worker feelings of subordination and alienation. Home support worker perceptions of increased power while at the same time experiencing feelings of subordination and alienation do not appear to have been considered in other studies during the transition to a consumer-directed care model.

7.2.2 Research Question 2

Research Question 2 seeks to discover if the attitudes and perceptions of home support workers changed between 2016 and 2017, as expressed in the open-ended responses to the 2016 and 2017 questionnaires:

RQ2: Have the attitudes and perceptions of home support workers towards the change, including client empowerment, power, subordination and alienation, and supervisor support and job satisfaction, been consistent over time between the early stage of the change (2016) and the later stage (2017)?

The sample number (72 participants) and the relevant detail of the written responses to the 2016 and 2017 voluntary open-ended questions (Jackson & Trochim, 2002) provided rich and deep data. The sequential exploratory mixed methods approach in this study enabled the triangulation of this data with the outcomes of the mean and t-tests of the 2016 and 2017 questionnaire data.

This comparison showed that overall the written responses to the open-ended question in the two questionnaires were consistent with each other as well as supporting the findings of the qualitative Phase 1 study. For example, home support workers in both the open-ended questions of the 2016 and 2017 questionnaires recognized that the design of consumer-directed care and the rules governing its implementation were the responsibility of the government. Some home support workers found the new model had operational problems but many responded in support of the model. In both years, their responses

demonstrated openness to the change, particularly, emphasizing the beneficial aspects for clients. Some of the home support workers' written responses showed that the new model had not made any difference to their role. Other responses indicated that the additional responsibility to advocate and educate their clients represented a gain in power; so much so, that training in advocacy was needed, according to one respondent.

Home support worker respondents in both years recorded their experience of a loss of power and control over their work. Some expressed disappointment at being subject to clients' unrealistic expectations, such as "scrubbing tiles", and being reduced to becoming a cleaner (Stacey, 2011). Another home support worker experienced a sense of subordination or alienation to the extent of feeling that some clients treated her like a slave. Some felt their rights were overlooked, with the excessive emphasis on the clients' rights. However, many of the respondents expressed their appreciation for the support provided to them by managers and supervisors. Most of the respondents said they loved their jobs, particularly because of their relationship with their clients and because they felt their job contributed to the wellbeing of clients.

Responses to the open-ended question in the 2016 and 2017 questionnaires in five provider organization recognized the level of government involvement in the establishment and management of the new model Their voluntary written responses were consistent with each other and also revealed similarities with the views of the home support worker interviewees in the qualitative Phase 1 regarding their openness to the change, perceptions of power, subordination, supervisor support and job satisfaction and their feelings of alienation. The mean and t-test of the quantitative data from the 2016 and 2017 questionnaires addressing Research Question 4 are triangulated with the outcomes of the qualitative comparison of the written responses in the 2016 and 2017 questionnaires.

7.2.3 Research Question 3

Research Question 3 sought to elucidate in-depth the effect of the empowerment of the client within the triangular relationship, in particular on the home support worker

RQ3: During the implementation of the change to the consumer-directed care model, how did the change affect the relationships between the variables of openness to change, power, subordination, subordination/alienation, perceived supervisor support and job satisfaction of the home support worker?

Themes and codes emerging from the template analysis of the qualitative data in Phase 1 informed the development of the questionnaires for the quantitative Phase 2. Hypotheses were derived from the literature, with competing hypotheses derived from the outcomes of the Phase 1 qualitative study.

To address Research Question 3, multiple regression analysis was used to test the data of the Phase 2 Time 1 2016 questionnaire. Four groups of hypotheses were tested: 1) the dependent variable of power and the independent variables of openness to change, perceived supervisor support; 2) the dependent variable of subordination/alienation and the independent variables of openness to change and perceived supervisor support; 3) the dependent variable of job satisfaction and power and subordination/alienation, and 4) the dependent variable of job satisfaction and the independents variables of openness to change and perceived supervisor support.

7.2.3.1 Power

The multiple regression analysis supported the competing hypothesis H1b: Openness to change is not related to power, which accords with the findings in the Phase 1 qualitative study but does not accord with the literature. In the qualitative study, while some participant workers felt empowered by the additional responsibilities, others did not, but in

all cases, their perceptions of openness to change had no relationship with perceptions of empowerment. Indeed, the home support workers' openness to change was predominantly related to their perceptions of client benefits accorded by the new model, rather than any sense of gaining power.

The multiple regression analysis supported the competing hypothesis H2b: Perceived supervisor support is not related to power, which accords with the Phase 1 qualitative study but does not accord with the literature. The literature intimates that empowerment can be related with perceived supervisor support (Albrecht & Andreetta, 2011; Jose & Mampilly, 2015; Spreitzer, 1996), while in qualitative Phase 1 participant workers were positive about the level of supervisor support, but they did not relate this to any perceptions of increase or decrease in their power. Home support workers perceived that their empowerment was based on their increased responsibility for client welfare and support under the new model.

7.2.3.2 Subordination/alienation

The multiple regression analysis supported the hypothesis H3a: Openness to change is negatively related to subordination/alienation, which accords with the literature (Wanberg & Banas, 2000) but not with the outcome of the Phase 1 qualitative study. In the qualitative study, home support workers were very open to the change, again particularly because it empowered clients, but did not affect their sense of subordination/ alienation. However, the quantitative data revealed that in terms of their perceptions of their client relationships, their openness to change did ameliorate their sense of subordination/alienation.

Similarly, the analysis supported the hypothesis H4a: Perceived supervisor support is negatively related to subordination/alienation, which accords with the literature but not with the outcome of Phase 1 qualitative study. In the qualitative study the home support workers did not make a connection between perceived supervisor support and their

feelings of subordination/alienation, because these feelings arose from perceptions about the way the clients were treating them. They did not blame the supervisors for these feelings. Rather they understood that some of the client behaviour stemmed from the way the clients were encouraged to consider themselves the employer by the fundamental principle of consumer-directed-care. There was also an understanding that change to the new model and the rules related to the new model were government initiated (Baines & den Broek, 2017; Prgomet et al., 2017). It was, therefore, possible that home support workers "blamed" the government and not their employer.

7.2.3.3 Job satisfaction (1)

The multiple regression analysis supported the competing hypothesis H5b: Power is not related to job satisfaction, which accords neither with the literature nor partially with the outcome of the Phase 1 qualitative study. The qualitative study found that some home support workers were enthusiastic about their newfound duties, including greater contribution to client independence and greater support of clients' rights, through client advocacy and education. They perceived that new aspects of their role increased their job satisfaction. Other home support workers did not feel particularly empowered but equally expressed job satisfaction based on the perceived benefits to the clients of the new model.

The multiple regression analysis supported the hypothesis H6a: Subordination/ alienation has a negative relationship with job satisfaction, which accords with the literature on frontline service work in general, but does not accord with the literature on frontline health work nor with the outcome of the Phase 1 qualitative study.

In line with Korczynski (2009) it was expected that, as compared to the experiences of alienation by frontline service workers in their customer relationships generally, those in care work would experience lower levels of alienation and greater job satisfaction in their client relationships (see also Cranford & Miller, 2013; Lopez, 2010). However, findings in

the multiple regression analysis accorded with the general literature on frontline service work that home support worker job satisfaction was significantly affected by alienation despite the fact of working in a caring environment (K. Brown & Korczynski, 2017; Stacey, 2011).

Given that the new model had only recently been fully implemented, it is possible that home support worker participants may not have had sufficient time to adjust to the new model which was a fundamental change from the previous traditional care model (Laragy & Allen, 2015). Thus, home support workers' experiences of alienation, including feeling like a servant, unfair expectations, rights ignored and loss of control are all indications which may well dissipate over time, as they adjust to the model. On the other hand, there is the danger that these feelings may well continue and result in poor relationships between the client and home support worker, and reduced job satisfaction, if they are not addressed. Therefore, there is an onus on organizations and their managers and supervisory staff to appropriately recognize the status and work conditions of home support workers in their client relationships and to ensure that clients are also made fully aware of worker rights in the relationship.

7.2.3.4 Job satisfaction (2)

The multiple regression analysis supported the competing hypothesis H7: Openness to change is not related to job satisfaction, which accords neither with the literature nor the Phase 1 qualitative study. The literature indicated that openness to change is positively associated with job satisfaction (Wanberg & Banas, 2000). The qualitative study also agreed that home support workers expressed positive openness to change and a high level of job satisfaction, both being driven by recognition of client benefits derived from the new model. Therefore, the result that openness to change is not inevitably related to job satisfaction is interesting. Similar to other multi-regression findings discussed in this section, it would appear that whilst expressing positivity about openness to the change and

their job satisfaction, home support worker perceptions of job satisfaction was not dependent on their openness to the change but primarily on their perception of client welfare, in other words their "altruism" toward the client.

The multiple regression analysis supported hypothesis H8a: Perceived supervisor support is positively related to job satisfaction, which accord with both the home support worker literature (Franzosa et al., 2018a; Franzosa et al., 2018b) and the general literature in that positive perceptions of supervisor support not only result in a sense of workers' obligation to their supervisor but increased job satisfaction (Eisenberger et al., 2002). Outcomes of Phase 1 qualitative study also support the hypothesis.

7.2.3.5 Summary

The results of the multiple regression analysis reveal the complexity of the phenomenon of home support workers' perceptions about their role and their relationships with clients under the new model. Some results supported the literature, some the qualitative study, and one supported neither the literature nor the qualitative study. These results allow for nuanced interpretations. For example, while in the literature openness to change is related to power and job satisfaction, here is it not related to power or job satisfaction. This supports the notion that the home support workers were open to the change because of its benefits to the clients rather than any perceived benefits to themselves.

In terms of the dependent variable of subordination/alienation, all the results support the literature rather than the qualitative study, as does its relationship with job satisfaction. Home support workers' perceptions related to these variables, differed from their perceptions as expressed in the qualitative study. They seemed to have stronger perceptions of subordination/alienation in the quantitative results, even contrasting with the health literature. This may have something to do with the greater number of respondents in the questionnaire than in the qualitative study or, interviewees in the qualitative Phase 1

study feeling pride and enthusiasm at being interviewed (as pointed out in Chapter 4) or possibly not wishing to express excessively negative views. The only connection where all three data sources (literature, qualitative study and quantitative study) unequivocally agreed is that perceived supervisor support is positively related to job satisfaction. This confirms that home support workers considered supervisor support important to their job satisfaction.

The conflicting results of the multiple regression analysis could indicate that the home support workers are still grappling with understanding the new model and its impact on their roles and relationships with their clients. As their experience of the model develops over time, there may be fewer contradictory perceptions. Alternatively, with the findings in the qualitative study about the home support worker concern about the increasing number of baby boomer clients with greater expectations, home support workers' feelings of subordination and alienation may increase with the effect that job satisfaction will decrease.

7.2.4 Research Question 4

Research Question 4 sought to discover how time affected home support workers' experience of the new model, the following research question was developed:

RQ4: Are there differences between the perceptions of home support workers in the initial stage of the implementation to consumer-directed care and a year later, regarding openness to change, power, subordination/alienation and job satisfaction?

The development of perceptions of home support workers over the roll-out of the new model could be seen as one significant indicator of the success of the program, the others being the perceptions of the clients and the perceptions of the managers. During the early stages of consumer-directed care in Australia, the perceptions of clients (Day et al., 2018;

Hermant, 2015; Kaambwa et al., 2015; McCallum & Rees, 2017; Wells et al., 2018) and those of managers, coordinators and home support workers (Gill et al., 2017; Laragy & Allen, 2015; Prgomet et al., 2017; You et al., 2017) have been examined. There has been no examination of home support workers' lived experience over time. As reported in Chapter 6, a paired-samples t-test (Grube et al., 1989) examined differences in the mean scores in four pairs relating to the variables of openness to change, power, subordination/alienation and job satisfaction respectively between Phase 2, Time 1 (2016) and Time 2 (2017).

7.2.4.1 Openness to change

Outcomes of the paired-samples t-test, reported in Chapter 6, revealed that the results reflected a significant positive difference in the mean score between Time 1 (2016) and Time 2 (2017) for hypothesis H9a: There is a significantly increased difference in mean scores of openness to change between Time 1 and Time 2. The positive mean score result could be interpreted as home support workers increasingly being open to the change to the new model over the rollout period. It is possible that as they understood the change they became more accepting of the model. It is also possible that over the year the organization became more familiar with the model and its implementation, as well the clients becoming more settled and understanding of the change. These developments could positively influence the home support workers' perceptions towards the change.

7.2.4.2 Power

The paired-samples t-test supported the competing hypothesis H10b: There is no significant difference in the mean scores of power between Time 1 and Time 2 rather than the expected hypothesis that there would be a significant difference in the mean scores of power over the two times. This could mean that home support workers did not perceive an increase in their roles over the period. Several factors could account for this result. First, there may not have been a high change of clientele over the year, so relationships and

duties may not have seen much change either. Second, it may be necessary to leave a greater interval before comparing the longer effect of the rollout of the new model, particularly in relation to the more recent changes introduced in February 2017, which increased client choice and opened the sector to for-profit businesses.

7.2.4.3 Subordination/alienation

The paired-samples t-test supported the competing hypothesis H11b: There is no significant difference in the mean scores of subordination /alienation between Time 1 and Time 2, rather than the expected hypothesis that there would be a significant difference in the mean scores of subordination /alienation between Time 1 and Time 2.

The possible factors for this outcome could be that during the year there was not much change after the significant change at the initial implementation, and so these perceptions remained the same as well. Another factor could be that although, according to the 2016 Phase 1 qualitative study, when home support workers did feel some subordination/alienation, their perceptions may not have been recognized or addressed over the subsequent year and, therefore, remained the same rather than being ameliorated. One of the perceptions of home support workers in the qualitative study was that the growing number of baby boomer clients Kirkey (2013) may be more aware of their rights and the relationship between workers and clients may change, as the commercial rather than the altruistic nature of the work becomes more apparent. In the future, this could give rise to greater feelings of subordination/alienation.

7.2.4.4 Job satisfaction

The paired-samples t-test supported the hypothesis H12b: There is no significant difference in the mean scores of job satisfaction between Time 1 and Time 2, rather than the expected hypothesis that there would be a significant difference in the mean scores of job satisfaction between Time 1 and Time 2.

Given that the Phase 1 participant home support workers perceived that their job satisfaction was primarily dependent on perceptions of client benefit, the paired-samples result is not entirely surprising. Furthermore, given that there was also no change in the mean scores of power and subordination/alienation, no change in the job satisfaction scores may be a logical result.

7.2.4.5 Summary

Hypothesis H9a, openness to change, was the only test of significance, with a positive increase to the mean, of the four paired-samples t-tests of differences in the mean scores between Phase 2 Time 1 (2016) and Time 2 (2017) of openness to change, power, subordination/alienation and job satisfaction. This result raises the strong possibility that home support workers became more accepting of the change to consumer-directed care during the period of its implementation. There is also the likelihood that, as these workers increasingly understood the model, they became more open to the change. The mean scores of power, subordination/alienation and job satisfaction respective alternate hypotheses H10b, H11b, and H12b were supported, that is, changes to the mean were not of significance. It is, therefore, a possibility that home support worker's perceptions of the change in these three variables occurred during the earlier stages of implementation of the new model and remained steady at the time of response to the 2017 questionnaire. Further, issues of perceptions of loss of power and subordination/ alienation may not have been addressed by the organization, and, therefore, may have remained unchanged.

The written responses to the open-ended questions in the 2016 and 2017 questionnaires matched all of the t-test results except for the openness to change variable. The written responses did not seem to demonstrate a difference in attitude exhibiting openness to change between the two years. An alternative possibility for the overall consistency between the two years' results except for the variable openness to change is that it may be

too early to examine the effect of the second round of changes to the consumer-directed care model that occurred during February 2017.

7.3 Conclusions about the research problem

The research problem was "How has the implementation of the consumer-directed care model, specifically the empowerment of the client, affected the role of home support workers and their relationships with clients?" Creswell (2014b, p. 97), citing Punch (2005), described the importance of identifying a research problem that would be of value to individuals who are the subject of a study and one that will be meaningful to others. I believe that the outcomes of my study meet these important criteria.

This study represents the first to examine the influence of power, subordination and alienation in the experience and attitudes of home support workers in a new context of consumer-directed care, specifically in an environment of change. The study was conducted in two stages following the first year of implementation, 2016 (Time 1), and the completion of the implementation, 2017, Time 2. A new measure was developed that extended Havard, Rorive and Sobczak's (2009) typology of power and subordination to encompass a joint element of subordination/alienation.

Through the agency of the validated measure, issues not previously identified may provide a more informed understanding of the role and relationships of home support worker and lead to more effective human resources management and a greater level of home support worker job satisfaction both in their role and relationships with their clients. A potential economic outcome of improved human resource management could be aged clients remaining in their own home for longer periods. The validated measure represents an exciting development and offers a significant contribution to the client management strategies.

Through the lens of the service triangle typology, this study developed a new understanding of frontline home support workers' perceptions of the effect of a change to a client empowerment model, resulting in a significantly changed and complex work environment. My conclusion about the research problem is that in the transition to consumer-directed care, home support workers experienced an increase in their power in their role, but at the same time, experienced feelings of subordination and alienation that impacted on their client relationships and work attitudes. This illustrates the complexity of power transfer within the service triangle, which, in the case of consumer-directed care ostensibly was between the organization and the client, but, as this study found, notably included the home support worker. Findings in this study represent a significant contribution. The subsequent sections (7.4 and 7.5) discuss in detail the contributions to theory, policy and practice.

7.4 Implications for theory

The study of home support workers' perceptions of power and subordination/alienation during the period of transition to a new model of consumer-directed care, significantly contributes to the theories related to front-line home support workers generally and, specifically, to their perceptions of power, and feelings of subordination and alienation. The development of a new measure consisting of two elements, power and subordination /alienation is theoretically worthwhile as well.

This study has shown that the transfer of power between organization, worker and client as identified in the relational triangle theory is much more complex than envisaged in previous studies (Havard, Rorive & Sobczak, 2009; Leidner 1991; Lopez, 2010). The objective of the consumer-directed care model was to empower the client at the expense of the organization, with little or no apparent effect on the home support worker. This is clear in the government documentation where there is very little reference to home support

worker at all. It was confirmed in this study by the comments of coordinators and managers. However, the findings of this study reveal that there is considerable effect on the home support worker of this power transfer: on the one hand the worker has become more empowered by the additional responsibilities resulting from the distancing of the coordinator and management from the client, which is a case of power transfer from the organization to the worker. On the other hand, the worker is seen by the client, with the encouragement of the organization and the model itself, as the client's employee. This has the effect of lowering the worker's status and professional authority, which is a case of power transfer from worker to client. Further, the rigid adherence to the care plan and budget designed by client and organization prohibits the worker from making any professional decisions at the work site, which is a case of power transfer from worker to client/organization. Thus, the power transfer within the triangle can have unanticipated but crucial impacts within the triangle, affecting status, relationships and work practices in contradictory and ambiguous ways, as the results of both the qualitative Phase 1 and the quantitative Phase 2 of this study reveal. It is likely that power transfer in all kinds of organizations may have similar, complex characteristics, which need careful attention in model design and implementation (Havard, Rorive, & Sobczak, 2009; Lopez, 2010). Intuitively, the findings relating to disempowerment and empowerment seem contradictory, but, the findings, in fact, are reflections of the complexity and potentially paradoxical nature of power transfer in the consumer-directed care model.

This study makes a contribution to theory about the application of a consumer-directed care model and the effect of client empowerment on key workers. Specifically, there appears to be little or no research on workers' perceptions of changes either in client relationships or in their role during a transition to a new consumer-directed care model. Examination of power and subordination transfer through the perceptions of the actors,

rather than through the prism of organizational policy, deepens the understanding of frontline service work and relationships.

A contribution is also made on client-directed work-based models and how they impact on relationships between frontline service workers and the other two actors in the relational triangle. The perceptions of frontline service workers who are experiencing a transfer of power to the client expose a new triangular relationship not previously discovered in the literature. For example, the additional responsibilities in the home support workers' role and their perceptions of changes in their relationships with clients seem to be unanticipated aspects of the model, which are largely unrecognized by organizations. This phenomenon reflects the delicate balancing act that such a significant externally legislated and funded change involves. Importantly, in this new triangular relationship, power transfer occurs through the perceptions of the actors rather than through organizational or government policy and these perceptions may differ according to organizational policies and vary over time.

This study also contributes to human resources management literature on the effect of change in triadic relationships in the health care sector, and perhaps the wider service employment environment. As far as can be ascertained, the current study represents the first occasion since Havard et al.'s application in their study of frontline service workers. Specifically, the contribution is to theories relating to the transfer of power as occurring in an organizational change with the aim of further empowering the client. This is particularly so in the context of externally imposed change by the "fourth" and most significant power actor, the government. It is significant that home support workers in both phases of the study expressed awareness that the change was imposed by the government and that they (worker, clients, organization) were all in it together. This may account for the underlying positive attitudes of the workers to their organization and their continuing kindness to their clients, despite some feelings of

subordination/alienation. Fundamentally, problems were sheeted home to the “fourth” actor, in this case, the government.

The provision of a specific scale with elements of power and subordination/alienation, render the new measure, “Power and subordination/alienation: home support workers, and consumer-directed care”, a significant contribution to the literature on the management of workers, following a change to a client empowerment model, particularly in the health sector. Importantly, the proposed measure goes beyond the service triangle proposed by Havard et al. (2009) of power and subordination by combining subordination and alienation into a single variable. This provides the possibility for deeper exploration under a single or combined measure of power and subordination/ alienation and implications for theory, policy and practice. This contribution is important, as it also offers potential for testing this measure on workers in the development and management of other client-directed models in the wider health sector. The validated measure appears to be the first instrument developed specifically for the analysis of home support worker perceptions of power, subordination and alienation in the context of change to a consumer-directed care model. Further, use of the validated measure has potential for guiding policy and practice not only for positive outcomes for home support workers, but for the service user, and the aged clients. The new measure is expected to provide a valuable tool for research and for informing policy formulation for governments, aged care organizations and researchers.

7.5 Implications for organizational policy and practice

The findings of this study have implications for human resource and industrial relations practitioners. Cooke and Bartram (2015) observed that frontline care workers could be the actor most affected by “reform programs, as they are key to improving service quality” (p. 716.) In this study it was found that the national reform program of consumer-directed care impacted on home support workers’ perceptions of change in their role and relationships

with clients. This particularly applied in circumstances where there was a reduced coordinator client visitation and where home support workers were experiencing unanticipated feelings of subordination and alienation and changes to their role. Whilst acknowledging the positive contribution of home support workers, managers and coordinators failed to recognise the effect of these changes on their home support workers. In the interests of service quality, safety, equity and fairness, there is the need for human resources practitioners to intervene to ensure that the voices of home support workers are heard and that appropriate training programs are developed for all staff.

The feelings of subordination that home support worker expressed in this study resulted from clients' apparent misunderstanding of the workers' status. For example, allowing clients to perceive they have complete authority over the service to be provided may not always be in the clients' best interest in terms of health and welfare. This situation engenders in home support workers feelings of loss of control and loss of professionalism in their job. Such cases have the potential to cause distress to the home support workers and can affect relationships on the work site. From an industrial relations perspective, it is imperative that the status of the three players (organization, worker, client) is unambiguously and realistically defined.

Further, the increased responsibility of client education, representation and advocacy arising from the reduced contact between coordinator and client, while giving the home support worker a sense of power, brings with it additional risks. This increase in home support worker responsibility and the attendant risks are not recognised by the participating organizations or in the new government initiated model, as coordinators indicated in their interviews. Again, this increase in home support workers' role must be taken into consideration in the model and in its implementation.

The new measure/questionnaire developed in this study concerning power and subordination/alienation has the potential to identify the effect of the change to the consumer-directed care model on the role and relationships with clients of home support workers. Use of the new measure could create opportunities for dialogue between workers and organizations that may result in practical improvements in the model and avoid attendant employee and industrial relations issues.

Much of the research in industrial relations is focussed on unionised highly sections of the workforce while this study focused on home care workforce which is more contingent, with limited union representations. Even so, within Australia, over the past twenty years the level of union membership in the health and social care assistance sectors has significantly decreased ((Gilfillan, 2018 #1020). This study found that, in the transition to consumer directed care, home support workers experienced changes in their work role and challenging relationships with clients. As indicated above these changes and challenges were largely unrecognized by employer representatives. Without proper levels of consultation, home support workers' job satisfaction, and organizational commitment may decrease and worker intent to leave may increase (e.g. Boris & Klein, 2012; Panagiotoglou et al., 2017), and unions may become more actively involved at the workplace and at the national level.

Home support workers make a significant contribution the home care system and to the future of aged care both in an international context (Kemp et al., 2009; Sims-Gould & Martin-Matthews, 2010a; Stone & Dawson, 2008; Stone & Harahan, 2010; Stone & Wiener, 2001), and in an Australian context as demonstrated in findings from the qualitative study and from research conducted during the earlier stages of consumer-directed care (Gill et al., 2017; Prgomet et al., 2017).

Following the change to consumer-directed care, clearer recognition of the home support role and relationships is required. A most important consideration is the occupational status of the home support worker. In the current study, home support workers held perceptions of clients treating them as their employee. Despite home support workers remaining direct employees of their organization under the new model, senior staff in support of the concept of consumer-directed care admitted to encouraging clients to view the home support workers as their employee. Organizations should refrain from encouraging clients to believe that the home support workers are their employees, given that this is not reflected in the organizational structure. In practice, the "business" relationship with the client rests with the organization, while the home support worker is directly employed by the organization. Theoretically, the client has no power over the worker who is fully subordinated to the organization.

To avoid relational and role confusion, organizations need to ensure that there is absolute clarity between the home support worker and client about the exact nature and extent of the empowerment of the client under the new model. In this process consultation between managers, coordinators, workers and clients is essential. The voices of home support workers about changes in their power and feelings of subordination and alienation cannot be ignored, and organizations must realistic and pragmatic about the impact of the change on their home support workers. To avoid job dissatisfaction and emotional stress amongst workers, organizations and their senior staff need to openly and accurately address immediate and anticipated realities, particularly during a period of significant change (Denton et al., 2002a). Home support worker training and client information programs designed to assist in their relationship with home support workers are recommended (Isabella, 1990; Kets de Vries & Miller; Weber & Weber, 2001).

Further, from the qualitative study there appeared to be a general lack of acknowledgement by organizational management representatives of some of the specific changes that home support workers perceived themselves to be experiencing in their role. For example, a level of ambiguity existed between coordinators about the role of home support workers, where some coordinators considered that home support workers had no responsibility for the new activities identified including advocacy, while other coordinators advised that home support workers had always played an advocacy role. Moreover, coordinators indicated their belief that only their own role had increased as a result of the change to the new model. From a human resource management perspective, continued unawareness or dismissiveness of these worker perceptions may detrimentally affect client/worker relationships and job satisfaction, particularly during a period of significant organizational change.

Proper understanding and communication have the potential to avoid home support workers' feelings of subordination and alienation, including unfair expectations, loss of control, being treated as a servant to the client, a maid (Eustis et al., 1993; Stacey, 2005) or, at worst, a slave. Categorizations of this nature may also exacerbate home support worker feelings of subordination or alienation and aggravate levels of dysfunction and job dissatisfaction in their client relationships. In this context, the voice of the home support worker must be heard. The experience of home support works facing unfair expectations from clients requires urgent consideration. Organizations must ensure that clients are clearly informed of the work to be undertaken within the client's home. This includes the notion of home support workers having "two bosses" and the need to resolve the potential conflict and the predicament of home support workers meeting organizational needs and client expectations which differ (Eddleston et al., 2002; McCammon, 2000; Metlen, Eveleth, & Bailey, 2005; Troyer L., 2000). It is also the responsibility of organizations, their managers and coordinators to recognize home support worker skills, responsibilities and

contribution to client welfare Further, organizations must ensure that clients treat home support appropriately and respectfully.

Further, in the transition to consumer-directed care, the work and responsibilities of coordinators and managers in their relationships within the service triangle should not be ignored nor forgotten. These employees are not “distant figures”. They undertake integral management and supervisory roles and perform work that is “inherently challenging and conflicted” (Bolton & Houlihan, 2010). In the primary qualitative study, as well as in the responses to open-ended questions and to the questionnaires, home support workers revealed their concerns in terms of subordination and alienation. Despite these concerns, home support worker participants almost universally demonstrated high levels of openness to the change, perceptions of supervisor support and job satisfaction. These outcomes possibly reflect the participating organizations’ strategic and positive approach to human resources management during the period of the change. On the other hand, the level of job satisfaction expressed by home support worker participants appears to be predominantly due to their relationship with and care for clients and their welfare.

Therefore, in order to address the complex challenges faced by home support workers and coordinators and managers, it is imperative that organizations are proactive in the development of appropriate human resources management policies and operational practices so as to ensure that home support workers and senior staff provide an optimal service and experience positivity in their role and relationships in a fair and healthy workplace environment (Gill et al., 2017; Laragy & Allen, 2015; Prgomet et al., 2017; You et al., 2016, 2017).

It is expected that the new measure of power and subordination/alienation will prove of value to community aged care service providers and researchers. The design of the final scale with two elements and a combined total of nine items provide the opportunity for

aged care provider organizations with a practical and concise measure of the influence of power and subordination/alienation on home support workers. The new measure is intended to enable a better understanding of the role and relationships of home support workers with a potential positive “spin-off” effect on staff morale, client welfare and improved management approaches. The achievement of best practice in the health arena and other service-based industries as power is transferred to the client within triangular relationships requires policies that carefully address perceptions not only of the client but also of the frontline home support workers, who are, after all, the predominant representatives of the organization in the field. Home support workers deserve equal and fair treatment from their organizations as well as from their clients. From an organizational perspective, there is also an imperative for continuing awareness of the importance of home support workers to the future and viability the home care system (Stone & Harahan, 2010).

Thus, the concerns of home support workers must be freely heard about the impact of the change to the new model on their relationships with clients and their role. Positive and real consultation is required. To do otherwise could eventually lead to worker dissatisfaction, and cause workplace unrest with possible union intervention. At a broader level, outcomes of this study provide the basis upon which the role and relationships of the home support worker under the new model can be jointly reviewed by the Australian Government and the employer, and aged care and union organizations.

7.6 Implications for government policy

Social and economic complexities associated with increasing ageing populations, have given rise to governments in developed countries introducing models of consumer-directed care that encourage aged persons to remain in their homes for as long as possible (Laragy & Naughtin, 2009; Low et al., 2011; Lundsgaard, 2005; Manthorpe et al., 2010a). More

recently the Australia government legislated for a model of consumer-directed care across the community aged care sector (Department of Health, 2016). Findings from this study have immediate policy and practical implications for the development of government policies aimed at the creation of system wide processes that recognize the significant and vital contribution that home support workers make towards client care and welfare. The government legislated significant improvements to client rights (Department of Health, 2019c). However, implications of the change on home support workers do not appear to have received much attention in Australian government legislation or policies.

Complexities resulting from organizational policies and practices identified in this study may stem at least in part from the external power source and rules emanating from the government which legislatively controls all aspects of the funding and operation of the consumer-directed care system (Baines & den Broek, 2017). My study revealed that the change to the new model brought about several under-recognized issues of power and subordination/alienation relating to home support workers' roles and relationships with their clients. In the development of strategic and operational policies, the government must ensure that strategies are in place to address these issues, as they are, first and foremost, policy design matters, rather than purely organizational matters. Outcomes of this study should be of interest to government bodies, including the recently formed Aged Care Workforce Council (Department of Health, 2019a). In anticipation of the implementation of the consumer-directed care model in the Australian residential aged care sector (Department of Health, 2015b; McCabe et al., 2019), outcomes of this study may also prove of value to the Australian government, aged care providers and their human resources managers tasked with management of the change.

7.7 Limitations and further research

The current study was limited to five not-for-profit organizations in one Australian state. Greater generalizability would be achieved with expanded research on home support workers across Australia. As this study was conducted during the rollout of consumer-directed care model, wider research should be conducted at a time when there is a greater level of embeddedness of the model. It is recommended that future research and other opportunities discussed below, use the validated measure of power and subordination/alienation developed in this study.

Other possibilities for future research include a comparison of the effect of the new model on the perceptions of home support workers employed by for-profit and not-for-profit aged care providers. This would provide insights into home support workers' perceptions of power, subordination and alienation in light of the for-profit sector's ubiquitous multi-media advertising, and commodification and commercialization of the consumer-directed care product. It is suggested that studies examine the perceptions of home support workers about the new model in rural and urban locations and also migrant communities

New research could also include the perceptions of managers and coordinators about the new model and relational changes in their realm of responsibility. Expanded research on client perceptions and expectations of their relationships with home support workers under the new model would also be useful. Future research is also suggested on the effect on support workers, however titled, upon the formal implementation of consumer-directed care in the residential aged care sector in Australia. More generally, complexities associated with organizational change and power transfer within the triangular relations in the service sector per se, as well as the health sector, demands further careful consideration by theorists as well as policymakers if best practice is to be achieved.

7.8 Concluding statements

This study has shown that the transfer of power between the three actors in an organization (management, client worker) is an extremely complex process with sometimes counter-intuitive outcomes. Importantly, the examination in this study of power transfer through the perceptions of the actors, particularly the frontline actors, rather than through the prism of organizational policy has revealed that there may be and often are differeing views about the oucomes. These are significant findings for both the theoretical and practical implications and considerably deepen the understanding of frontline service work and relationships therein.

In the development of a new measure of power and subordination/alienation this study makes an important and exciting contribution to the theory and a practical contribution in understanding home support worker role and relationships under a consumer-directed model. The new measure extends Havard, Rorive and Sobczak's (2009) typology of power and subordination to encompass a joint element of subordination/alienation. The measure also has the potential to provide governments and organization policymakers with clearer recognition of the importance of home support workers in the provision of services under the new model. The measure also has the potential to quantify the impact of the change within the wider community aged care sector and, possibly, other client-focused models applying in other health care settings, if not in the wider service sector.

Literature abounds with recognition of the contribution of the home support workers and importance of their role and relationships with the client (Kemp et al., 2009; Sims-Gould & Martin-Matthews, 2010a; Stone & Dawson, 2008; Stone & Wiener, 2001). Home support workers play an integral role in the lives of aged clients. Perhaps not fully recognized is the essentiality of home support workers to the success of government economic strategies that seek to ensure aged clients remain in their own home for as long as possible. Findings of

complexity and ambiguity between power and subordination and alienation should not be disregarded. Rather, organizations should be doing everything possible to ensure that home support workers are listened to and made fully aware of their rights in their role and client relationships. This, in particular, includes appropriate recognition of their role and their status in client relationships. To avoid client misunderstanding or confusion, and to maintain clients' realistic expectations of their relationship with and the role of home support workers, organizations should clearly and accurately inform clients of home support worker rights and their employment status.

Empowerment of the client under consumer-directed care shifted the relationship or alliance (Leidner 1996) between the organization and the client. My study found that unheralded changes occurred in home support workers power (role) their client relationships (subordination and alienation). It is essential that organizations and their human resources and operational managers recognize the extent of these changes and open up communication processes that place the contribution and worth of the home support worker in an appropriate and realistic perspective.

My study identified that, as a group, home support workers offer expertise and a body of knowledge about their work and relationships and the impact of the change to the new model. In an environment of change within the health and community sectors, effective human resources management is essential towards successful worker contribution and participation in the change. In the context of change to consumer-directed care, it is essential that governments, employing organizations and their senior staff make efforts to ensure that home support workers are listened to and treated as an important and an equal actor in the service triangle.

Appendix 1 Letter to organizations

[Names of Organization Redacted]

I write to you about the possibility of one of our PHD students, Graeme Payne, undertaking research with [name of organization] on home support workers in the transition to consumer-directed care. The study would relate to the relationships between selected human resource management interventions, psychological contract breach and job satisfaction, organizational commitment and turnover intention of these workers in the transition to consumer-directed care. We are also seeking similar participation in this research of three other aged care organizations.

It is anticipated that Graeme's research will contribute to the literature on home support workers in the new environment of consumer-directed care in Australia. The results are also expected to highlight home support worker views and expectations that will inform organizations of strategies and interventions in their management of consumer-directed care. The research outcomes also have the potential to be of benefit to organizations, aged care workers.

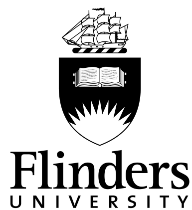
It is proposed that, subject to your acceptance, Graeme's research would be conducted in four phases:

Phase 1: Interviews with relevant managers and supervisors with the view to obtaining contextual information, and interviews with a small number of individual workers on their job satisfaction and their perceptions of consumer-directed care (see attached interview plans for this phase).
Phase 2: Informed by Phase 1 interviews, conduct a survey of worker perceptions in relation to the change to consumer-directed care by examination of their organizational commitment, supervisor support, value of training and development and intention to leave.
Phase 3: Survey of worker job satisfaction to be conducted twelve months after the completion of Phase 2. This will ascertain whether, in the passage of time, perceptions and attitudes towards consumer-directed care have changed from the first set of responses in Phase 2.

We seek your agreement to this research being conducted with [name of organization]. We are more than happy to provide additional information. Graeme and / or I would be pleased to meet with you to discuss his proposed research and the process. We would anticipate that the outcomes of this study would provide you with valuable information on workers within your organization.

Yours faithfully
Dr Greg Fisher Associate Professor in HRM

Appendix 2 Consent form



A study of home support workers and consumer-directed care.

I …... .... being over the age of 18 years hereby consent to participate as requested in the letter of Introduction and Information Sheet for the research on worker job satisfaction in the age community care sector.

I have read the information provided.

1. Details of procedures and any risks have been explained to my satisfaction.
2. I agree to audio recording of my information and participation.
3. I am aware that I may retain a copy of the Information Sheet and Consent Form.
4. I understand that:
   - I may not directly benefit from taking part in this research.
   - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
   - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
   - I may ask that the recording be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.

Participant's signature……………………………………Date…………………..

I certify that I have explained the study to the worker and consider that she/he understands what is involved and freely consents to participation.

Researcher's name: Graeme Payne

Researcher's signature Date

Appendix 3 Interview schedule for managers and supervisors

Contextual Information: Transition to consumer-directed care

- Overview of organization and its activities
- Total number of workers by sex, age and length of time with organization
- Number of home support care workers (however titled) in residential and community aged care by sex, age and length of time with organization
- Date of introduction of consumer-directed care in community aged care
- Employee related policies on consumer-directed care
- Formal job or role descriptions of these workers pre and post consumer-directed care
- Role of home support workers as a result of the move consumer-directed care
- Key organizational and management issues associated with the transition to consumer- directed Care
- Strategies and interventions introduced by organization to assist home support workers in the transition to consumer- directed care
- Content of induction programs for home support workers
- Statistical information on retention and turnover of home support workers as compared to other worker groups

Appendix 4 Information sheet for home support worker participants

Title: A study of home support workers in the transition to consumer – directed care

Investigator:

Graeme Payne, Flinders Business School, Flinders University

Description of the study:

This study will look at home support workers of workers in the transition to consumer-directed care.

Purpose of the study:

This study is intended to produce information (completely confidentially) which will help the organizations better understand the home support workers' views of about the effect of transition to consumer-directed care. This will help the organization with the management of the transition.

What will I be asked to do?

Mr Graeme Payne will soon contact you by email or telephone to discuss arrangements for a one-on-one interview with you at a time and location of your choice. At the interview Mr Payne will ask a few questions about your job satisfaction and perceptions about the transition to Consumer-directed care. An information sheet is attached which details the content and matters to be discussed at the interview. The interview will be no longer than one half hour. The interview will be recorded using a digital voice recorder. Once recorded, the interview will be transcribed (typed-up) and sent to you for you to correct, or delete or add material. The transcripts are then stored as a computer file and finally destroyed once the results have been finalised. Participation is voluntary. A written summary of the interview will be sent to you for confirmation of its content.

What benefit will I gain from being involved in this study?

The sharing of your experiences will improve knowledge associated with the management of the transition to consumer-directed care.

Will I be identifiable by being involved in this study?

We do not need your name and you will be anonymous. Once the interview has been typed-up and saved as a file, the voice file will then be destroyed. Any identifying information will be removed and the typed-up file stored on a password-protected computer that only the investigator, Mr Graeme Payne, will have access to. Your comments will not be linked directly to you.

Are there any risks or discomforts if I am involved?

The investigator anticipates few risks from your involvement in this study. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the investigator.

How do I agree to participate?

Participation is voluntary. You may answer 'no comment' or refuse to answer any questions and you are free to withdraw from the interview at any time without effect or consequences.

How will I receive feedback?

Outcomes from the project will be summarised and given to you by the investigator if you would like to see them.

Thank you for taking the time to read this letter and we hope that you will accept our invitation to participate in these interviews.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (7025). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu

Appendix 5 Interview schedule for home support workers

Thank you for agreeing to be part of my research study and participate in this interview. I would just like to remind you that you indicated on the consent to participate form that you were happy for this interview will be tape recorded. Is that still OK?

The recorded data will be transcribed and I will provide you with a copy of the transcribed document so you can review it to make sure it accurately represents your views. Are you happy with approach? I would also like to remind you that if there is anything you do not want to talk about today, please let me know. You can stop the interview at any time if you do not wish to continue.

During each question I might ask you to expand upon your answer. Is this all right with you? In the information sheet that was provided you received details about my research. Are there any questions you may wish to ask about my research? Do you have any other questions?

INFORMATION SOUGHT

- Participant’s age, qualifications, country of origin, date of commencement with the organization.
- Understanding of the meaning of consumer - directed care.
- Understanding of worker role.
- Views about work and activities under consumer-directed care as compared to those previously performed.
- How consumer-directed care impacts on work the worker. Views on any strategies and interventions implemented by organization to assist workers in the change to consumer -directed care - for example, training programs, on the job training, access to written information
- Extent of job satisfaction and your views on organizational commitment and turnover intentions under consumer-directed care.

Appendix 6 Survey instrument

HOME CARE SUPPORT WORKERS AND CONSUMER DIRECTED CARE

1. IMPORTANT INFORMATION

We invite you to participate in a study concerning home support workers following the recent change to Consumer Directed Care (CDC) in the community age care sector. This research project will gather data from home support workers about their experiences in the change to Consumer Directed Care. The project will also gather information on the effectiveness of the level of organisational support provided and home care worker job satisfaction, organizational commitment and intention to leave. We anticipate that the results of this research will form part of a thesis and articles to be published in academic journals. It will also help to have a better understanding the impact of the change to Consumer Directed Care on home support workers.

Participation in this study is completely anonymous and voluntary. You can choose to withdraw from this study at any time. You are not required to record your name, and the information you provide will be totally confidential. Please spend about 30 minutes to answer the questionnaire below. We also conducted a similar survey during 2016. We hope that you will agree to participate in this survey. Please do not hesitate to contact the researcher, Graeme Payne, should you have any questions.

Thank you

Greg Fisher Associate Professor
Graeme Payne PhD Student (Email: payn0111@flinders.edu.au)

HOME CARE SUPPORT WORKERS AND CONSUMER DIRECTED CARE

2. PARTICIPANT CONSENT

I have read the introductory letter to this survey and hereby consent to participate for the research project on home support workers and Consumer Directed Care in the community age-care sector.

I have read the information provided. I understand that:

- **Participation in this survey is completely anonymous and voluntary.**
- **I may not directly benefit from taking part in this survey.**
- **I am free to withdraw from the project at any time and I am free to decline to answer particular questions.**
- **While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.**
- **Whether I participate or not, or withdraw after participating, will have no effect on any treatment or service that is being provided to me.**

1. Please tick your agreement or otherwise to give your consent to use your responses in this survey for research purposes only:

◯ I agree

◯ I disagree

3. BACKGROUND INFORMATION

2. Gender

◯ Male ◯ Female

3. How old are you?

◯ 18-25 ◯ 26-34 ◯ 35-44 ◯ 45-54 ◯ 55-65 ◯ 66+

4. How many years have you worked in your current organization?

◯ Less than 1 year ◯ 1-2 ◯ 3-5 ◯ 6-10 ◯ 11-19 ◯ 20+

5. Prior to joining your current organization how many years did you work in aged care?

◯ N/A this is my first time working in aged care ◯ Less than 1 year ◯ 1-5 ◯ 6-10 ◯ 11-15 ◯ 16+

6. On what basis are you currently employed? (tick all that apply)

☐ Full time ☐ Part time ☐ Permanent ☐ Casual

☐ Permanent but also undertaking casual hours

7. What is your average hours worked per fortnight?

◯ up to 20 hours ◯ 21-40 hours ◯ 41-50 hours ◯ 51-60 hours ◯ 61-76 hours

8. What is your highest qualification?

◯ High school ◯ Certificate III ◯ Certificate IV ◯ Adv Dip/Diploma ◯ Undergraduate Degree

◯ Other (please specify)

9. To study changes over time, we need to be able to match your responses on this survey with future surveys. To ensure the anonymity of your responses, we have designed a non-identifying coding system. Please note that the code will not be shared with your organization or anybody else – only the research team from Flinders University, will have access to the code. Please create an anonymous code using the following information...

The first two letters of your mother's first name e.g.[Mother's name is Rose:RO]

The last two letters of your father's first name e.g. [Father's first name is David:ID]

The day you were born (two digits) e.g. [born 23 October 1957: 23]

10. In 2016, did you complete and return this survey?

- ◯ Yes
- ◯ No

HOME CARE SUPPORT WORKERS AND CONSUMER DIRECTED CARE

4. SURVEY ITEMS

In items below your views are sought about the change to Consumer Directed Care. Listed below are statements that represent possible opinions that YOU may have about this change.

11. We would like to know how you feel about the specific changes that you are currently facing in your job as a result of the implementation of Consumer Directed Care and associated regulatory changes. Please mark the response that best describes your view.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
I would consider myself 'open' to the changes.	○	○	○	○	○	○	○
I am somewhat resistant to the changes.	○	○	○	○	○	○	○
I am quite reluctant to accommodate and incorporate these changes into my work.	○	○	○	○	○	○	○
I think that the implementation of the changes have/ or will have a positive effect on how I accomplish my work.	○	○	○	○	○	○	○
Overall the changes are for the better.	○	○	○	○	○	○	○
The changes have/ or will be for the worse in terms of the way that I have to get my work done.	○	○	○	○	○	○	○
I think that the changes have/ or will have a negative impact on the clients we serve.	○	○	○	○	○	○	○

12. Here we seek your views on your responsibilities that may have changed in your work with clients as a result of Consumer Directed Care. Please mark the response that best describes your view.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
I have a greater awareness of the clients' rights.	○	○	○	○	○	○	○
I more often represent clients' concerns to the organization.	○	○	○	○	○	○	○
I provide advice to clients about their entitlements.	○	○	○	○	○	○	○
I now assist or enable clients towards greater independence.	○	○	○	○	○	○	○
There has been no change to my job.	○	○	○	○	○	○	○
I feel that in the work that I do my rights have been ignored in preference to those of the clients.	○	○	○	○	○	○	○
I believe that clients have an unfair expectation of my job.	○	○	○	○	○	○	○
I contribute towards the content of my clients' care plans.	○	○	○	○	○	○	○
Resulting from a reduction in my supervisor's visits to clients, I now have greater responsibility for my clients.	○	○	○	○	○	○	○

13. Please mark the response that best describes your views about your current and future relationship with clients following the change to Consumer Directed Care.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
Clients make me feel like their employee							
I regard myself as an employee of the client							
Clients make me feel like their servant.							
My rights are ignored in preference to client needs.							
I feel a loss of control over the work that I perform for clients							
There has been no change in my relationship with clients.							
I believe that there has been a change in my relationship with clients following the 2017 change that gives clients the choice to transfer their home care package to another organization.							
I think that when Baby Boomers have access to Consumer Directed Care there will be a change in my relationship with clients.							

14. Please mark the response that best describes your views about your understanding of the way you do your job as a home support worker.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
I have clear, planned goals and objectives for my job.							
I know that I have divided my time properly.							
I know what my responsibilities are.							
I know what is exactly expected of me.							
I feel certain about how much authority I have on the job.							
Explanation is clear of what has to be done.							

15. The following statements represent possible opinions that you may have about your supervisor(s). Please mark the response that best describes your view.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
My supervisor values my contribution to the clients' wellbeing.							
My supervisor strongly considers my goals and values.							
My supervisor really cares about my wellbeing.							
My supervisor is willing to help me when I need a special favour.							
My supervisor shows very little concern for me.							
My supervisor takes pride in my accomplishments at work.							

16. Please indicate how much you agree or disagree with the following statements about your organization's promises and undertakings.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
Almost all the promises made by my organization have been kept so far.	◯	◯	◯	◯	◯	◯	◯
I feel that my organization has come through in fulfilling the promises made to me.	◯	◯	◯	◯	◯	◯	◯
So far my organization has done an excellent job of fulfilling promises to me.	◯	◯	◯	◯	◯	◯	◯
I have not received everything promised to me in exchange for my contributions.	◯	◯	◯	◯	◯	◯	◯
My organization has broken many of its promises to me even though I've upheld my side of the deal.	◯	◯	◯	◯	◯	◯	◯
I feel a great deal of anger toward my organization.	◯	◯	◯	◯	◯	◯	◯
I feel betrayed by my organization.	◯	◯	◯	◯	◯	◯	◯
I feel that my organization has violated the contract between us.	◯	◯	◯	◯	◯	◯	◯
I feel extremely frustrated by how I have been treated by my organization.	◯	◯	◯	◯	◯	◯	◯

In Items 17, 18 and 19 below there are statements that represent possible opinions that YOU may have about working at your organization. Please indicate the degree of your agreement or disagreement.

17. Your job satisfaction. Please mark the response that best describes your view.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
If a good friend of mine told me that he/she was interested in a job like mine I would strongly recommend it.	◯	◯	◯	◯	◯	◯	◯
All in all, I am very satisfied with my job.	◯	◯	◯	◯	◯	◯	◯
In general, my job measures up to the sort of job I wanted when I took it.	◯	◯	◯	◯	◯	◯	◯
Knowing what I know now, if I had to decide all over again whether to take my job, I would..	◯	◯	◯	◯	◯	◯	◯

18. Your commitment to the organization. Please mark the response that best describes your view.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
I would be very happy to spend the rest of my career with this organization.	◯	◯	◯	◯	◯	◯	◯
I really feel as if this organization's problems are my own.	◯	◯	◯	◯	◯	◯	◯
I do not feel a strong sense of "belonging" to my organization.	◯	◯	◯	◯	◯	◯	◯
I do not feel "emotionally attached" to this organization.	◯	◯	◯	◯	◯	◯	◯
I do not feel like "part of the family" at my organization.	◯	◯	◯	◯	◯	◯	◯
This organization has a great deal of personal meaning for me.	◯	◯	◯	◯	◯	◯	◯

19. Your intention to leave the organization. Please mark the response that best describes your view.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree or Disagree	Slightly Agree	Agree	Strongly Agree
As soon as possible, I will leave the organization	○	○	○	○	○	○	○
I will probably look for a job in the next year	○	○	○	○	○	○	○
I often think about quitting my present job	○	○	○	○	○	○	○

20. Are there any comments you wish to make about your job and how CDC has affected you? (This may include any views you have about the impact on your job of the 2017 changes to the CDC model.)

Appendix 7 Confidentiality agreement (Transcriber)

Transcription Services

A study home support workers and consumer-directed care.

I, Maria Flutsch, transcriptionist, agree to maintain full confidentiality in regards to any and all audiotapes and documentation received from Graeme Payne related to his PhD study on A study of worker job satisfaction in the community aged care sector. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of audio-taped interviews, or in any associated documents;

2. To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Graeme Payne;

3. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;

4. To return all audiotapes and study-related documents to Graeme Payne in a complete and timely manner.

5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Dated this twenty-fifth day of July 2015

Name: Maria Flutsch

Signature

Appendix 8 Descriptive Statistics Time 1 (2016).

	Range	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
OCh 1	5.00	2.00	7.00	6.0331	.07483	.91954	.846
OCh2	7.00	.00	7.00	5.1457	.13533	1.66292	2.765
OCH3	6.00	1.00	7.00	5.6424	.11973	1.47126	2.165
OCh 4	5.00	2.00	7.00	5.2715	.10915	1.34131	1.799
OCh5	5.00	2.00	7.00	5.3444	.10424	1.28087	1.641
OCh6	6.00	1.00	7.00	5.0530	.12208	1.50017	2.251
OCh7	6.00	1.00	7.00	4.9603	.13450	1.65280	2.732
PWR1	5.00	2.00	7.00	5.7881	.08225	1.01067	1.021
PWR2	6.00	1.00	7.00	5.4305	.09833	1.20836	1.460
PWR3	6.00	1.00	7.00	4.8874	.12307	1.51236	2.287
PWR4	6.00	1.00	7.00	5.6954	.09013	1.10751	1.227
SUB1	6.00	1.00	7.00	4.2053	.14718	1.80856	3.271
SUB2	6.00	1.00	7.00	3.3907	.13453	1.65317	2.733
ALN1	6.00	1.00	7.00	2.6291	.11023	1.35458	1.835
ALN2	6.00	1.00	7.00	2.7483	.13196	1.62160	2.630
ALN3	5.00	1.00	6.00	2.6556	.10839	1.33190	1.774
ALN4	6.00	1.00	7.00	3.1589	.12255	1.50596	2.268
PSS1	4.00	3.00	7.00	6.0728	.06449	.79246	.628
PSS2	6.00	1.00	7.00	5.7748	.08518	1.04672	1.096
PSS3	5.00	2.00	7.00	5.9735	.07803	.95880	.919
PSS4	6.00	1.00	7.00	5.8543	.08885	1.09177	1.192
PSS5	6.00	1.00	7.00	5.9272	.11162	1.37161	1.881
PSS6	5.00	2.00	7.00	5.7086	.09330	1.14653	1.315
JS1	4.00	3.00	7.00	6.1126	.06811	.83700	.701
JS2	5.00	2.00	7.00	6.0861	.07091	.87132	.759
JS3	6.00	1.00	7.00	6.0331	.08427	1.03549	1.072
JS4	6.00	1.00	7.00	6.1854	.07657	.94095	.885

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