

Organisation-Worker Communication: What Do We Know About Home Support Organisations Providing Services to Older People?

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Abstract

Relatively little is known about how older people strategise about how to remain successfully living in the community despite differences in personal characteristics and levels of support. Even less is known about the communication that surrounds this situation of elderly people ageing-in-place and the organisations that help them. Given that New Zealand's (and other Western nations') population is ageing it seems important to examine communication dynamics of organisations serving this group. Therefore this literature review examined 140 articles focusing on communication between home support organisations and care workers, and the ramifications for the older person being cared for.

Literature review

The following research question provided an organising structure for the literature review: What areas of superior-subordinate communication have been studied with respect to management, monitoring or support of home support carers, and the resulting ramifications for older people needing support?

Two observations provided the motivation for this literature review. First, the demographics are convincing in predicting that care for frail elders has the potential to present some major and complex challenges, and the limited research suggests that improved communication between the supervisor and the home health worker will positively affect the quality of care for the older person being cared for. Second, some former reading and researching around the topic of the communication interactions between care organisations, carers and clients suggests the literature is very scarce, therefore this literature review has the potential to contribute to this field and reveal gaps for future research.

Literature around superior-subordinate communication involving home care organisations and the carers they employ is scarce, with much of it being largely contextual (Jorgensen et al, 2009), or contradictory (NZHHA, 2011). Since there is very little recent or relevant research available concerning the communication surrounding New Zealand caregiver experiences, I relied on international studies and situations, the paucity of which is similar. As Kiata, Kerse and Dixon (2005) state: '...our knowledge about the people who live and work in long-term care facilities in New Zealand is scant. What little we do know is based mainly on overseas ethnographies, particularly those in the US and UK' (p. 9). This is surprising since it is generally accepted that support workers have been proposed as a means to meet future service demands from an expanding and ageing population and to account for a shortfall in professional practitioners (Moran, 2010). Support workers are also perceived to be an economically effective way to deliver

'safe and skilled' care – even though problematic issues have been identified. For example, there is some evidence that most care for older people at home is provided on poorly paid and trained workers (Jorgensen et al, 2009). Decisions about who provides care are not always made by choice so much as by crisis and necessity (Andrews and Phillips, 2005). If this is the case, what are the implications for organisation-home support worker communication?

A diverse range of information about organisational communication was located; very little related to the health sector, and even less concerning superior-subordinate communication between home support organisations and the carers they employ. Therefore, for the sake of clarity and simplicity this section will be organised according to themes gathered from the literature. First, articles discussing general superior-subordinate communication in organisations are presented. Next is health care sector superior-subordinate communication, followed by issues relating to this complex web of communication between care organisations and carers.

General superior-subordinate communication in organisations

Management and communication scholars have long supported the importance of communication between superiors and their subordinates (Dansereau and Markham, 1987; Jablin, 1979). Within an organisation for example, the supervisor plays a monumental role as information provider to subordinates at various levels (Connaughton and Daly, 2004). Numerous studies have explored superior-subordinate communication as a variable that influences various organisational outcomes (Yrle, Hartman, and Galle, 2003). A recent Academy of Management Training magazine survey of leadership development programs found that of all required leadership skills, communication is of most value to organisations. Unfortunately, the survey also found that, of all required leadership skills, communication showed the largest gap between importance to the organisation and current competency (Campbell, White and Johnson, 2003). Campbell, White and Johnson (2003), state that leaders need to develop higher quality relations with their team members, which in turn will increase communication satisfaction. Research has established that perceived communication satisfaction is crucial to employee productivity (Clampitt and Downs, 1993), job satisfaction (Morrison, 2008; Sias, 2005), job performance (Pincus, 1986), and organisational effectiveness (Tubbs and Hain, 1979). Fix and Sias (2006) developed this concept further in their research, examining relationships between employees' perceptions of their supervisors' use of person-centred communications (PCC), the quality of their leader-member relationship (LMX), and their job satisfaction. The results indicate significant positive relationships between PCC and LMX and between PCC and employee job satisfaction. In addition, PCC was more influential in employee job satisfaction than was LMX relationship quality.

Sias (2005) examined the extent to which the amount and quality of work-related information employees received was associated with the quality of their relationships with peer co-workers and their immediate supervisors. Their findings supported the idea that supervisor-subordinate relationship quality was positively related to the amount and the quality of information employees received from their immediate supervisor. Similarly, van Vuuren, de Jong and Seydel (2006) concluded from their research that the most important aspect of communication between manager and employee is the feedback from the manager, followed by the notion of the manager listening to the employee. The next section deals with organisational issues that impact on carers, in light of superior-subordinate communication.

Job satisfaction and staff turnover

A common theme emerging from the health-care literature was organisational communication affecting the high turnover rate of care workers. One longitudinal study (Stinglhamber and Vandenberghe, 2003) examined the linkages between the favourableness of intrinsically and extrinsically satisfying job conditions, perceived organisational support, perceived supervisor support, affective commitment to the organisation and supervisor, and staff turnover. Affective commitment to the supervisor was found to completely mediate the effect of perceived supervisor support on turnover, whereas neither perceived organisational support nor organisational affective commitment was significantly related to turnover. The results of this study show that supervisors would be well advised to act primarily upon intrinsically satisfying aspects of the job in order to build a constructive relationship with employees. Indeed, such action will ultimately increase the likelihood that employees stay with their organisation. The 'care worker' literature suggests that the main intrinsically satisfying aspect of the care worker job is the sense that their work counts; that the 'good' feelings resulting from helping a dependent older person are worth suffering the negative aspects of the job. I wonder if care organisations have considered this simple, yet effective idea of focusing upon intrinsically satisfying aspects of the job and thereby building a strong communication bridge. It was disappointing that no examples could be found in the literature of such superior-subordinate communication happening between an organisation supervisor and a care worker, as it seems probable that this would enhance the care of the older person.

The turnover rate is not only an organisational problem but also poses problems for the older person. A lack of care provider continuity meant that workers did not always know the older person's care preferences or health conditions (Byrne, Frazee, Sims-Gould and Martin-Matthews, 2010). Other research has also identified a lack of continuity as a common dislike of home support from the older person's perspective (Gantert, McWilliam, Ward-Griffin and Allen, 2008; Woodward, Abelson, Tedford, and Hutchison, 2004). Stone (2004) reviewed studies mainly from nursing home environments in the USA, also sounding alarm bells for the need to attract and maintain a quality care workforce to care for the dependent elderly in the future. The author suggests that the public will have to make some decisions about the value of this workforce. She highlights that home health aides, home care and personal care workers, and attendants, together with family and friends, provide the majority of care in the USA and that changing the image and rewards of the job is essential for the development of this workforce in the future.

In the context of ageing societies, the importance of long-term care (LTC) is growing in all OECD countries (OECD, 2009). Add to this dilemma societal changes (e.g., reductions in the importance of informal care due to rising labour market participation by women; declining family size; growing expectations for more responsive quality health and social-care systems) that are creating pressures to improve value for money in LTC systems. These factors add pressures on the workforce of this highly labour-intensive sector. Adding to this are the difficulties in attracting and retaining caregivers to a physically and mentally gruelling profession.

Mears (2006) interviewed care workers and managers from the Benevolent Society of NSW. The main objective was to examine and discuss the particular strategies adopted by these care workers to provide support and individualised care to older people with a wide and diverse range of health and social needs. The care workers spoke of the importance of supporting and sustaining good relationships between older people and their carers in order to provide good

quality of care – and this they found intrinsically satisfying. Other studies mention the positive aspect of intrinsic satisfaction (Faul et al, 2010; Brown and Korczynski, 2010). The carers also spoke of negative aspects such as poor pay rates, lack of career structure, lack of entry qualifications, and paucity of training opportunities. Mears concludes that little work focussing specifically on care workers has been done in Australia.

Training for care workers:

One constant theme is the need for training (Walsh and O’Shea, 2010; Moran, 2010; Jorgensen, 2009; Grant Thornton Report, 2010; NZHHA, 2011) for all types of carers, and for care workers in many nations, and yet there is very little literature about what this training may be and how it could be tested for its effectiveness. For example, although papers call for ‘better training of the workforce supporting older adults and informal caregivers’ (Te Pou, 2011), no specifics are identified for what constitutes ‘training’.

An extensive study of 17,910 New Zealand paid caregivers (Jorgensen et al., 2009) examined the profile of caregivers, including their training needs. They reported that the national paid caregiver turnover was 29% residential care and 39% community. Most providers recognised the importance of training but felt their paid caregivers were not adequately trained. Training was poorly attended; the reasons cited were funding, family, secondary employment, staff turnover, low pay and few incentives. The authors summarised the paid caregiver as supporting people with a disability at home, and yet this workforce group is highly vulnerable itself. Jorgensen et al. (2009) paint a picture of paid caregivers as a vulnerable group of people who are poorly paid, predominantly middle-aged females, employed part-time, supporting children, minimally educated and with little practical knowledge of the job. Although it is recognised that training is important for them, they do not attend what training is available, so consequently remain untrained. In addition, these paid caregivers often work autonomously in the community, or in a residential facility, with little supervision. They have the responsibilities of caring for and supporting another vulnerable group of people who have complex support needs.

Communication, coordination and collaboration:

One model of care offered by the OECD (2005) concerning residential care is based on the care plan as the centre of a network of services and the care manager as the person at the centre of that network. The quality of information flow between other professionals involved in the care of a resident is highly dependent on the actions of the care manager and the quality of the informal communication between unrelated professionals (e.g., the physiotherapist and general practitioner or GP). For this reason, there has been wide variation in the characteristics of information flow and, ultimately, the degree of coordinated service and quality of care. Care plans are developed for those in residential care with similar approaches undertaken in home support. Care plans in home support, however, are typically much less comprehensive because of lower levels of administrative and clinical resourcing, and program variation between the models funded by individual district health boards. As a result, there is little overlap between the care planning process in community-based and residential care, and care planning to determine optimal utilisation of both services is inconsistent.

Collaboration in care planning needs more developing. Research has highlighted that improved coordination between the long-term care (LTC) and health care sectors is a key area for efficiency

improvements and better value for money (OECD, 2009; Sutcliffe, Hughes, Chester, Xie and Challis, 2010). Possible improvements could evolve from assigning care managers or assessment teams to plan and coordinate LTC services for care recipients with multiple care needs or emphasising the importance of communication among different care providers and recipients. Clark (1995) advocates that more effective communication must develop between professionals, nurses and the elderly recipient. There is also a need to involve the concerns, goals and values of the frail elder more effectively in the dialogue with health care providers over quality of life issues.

Jacobs (2007) helps illuminate one reason for some of the confusion and complexity of providing quality support for the older person in New Zealand. One example of the difficulties of implementation is providing care-management services to assist persons with complex and multiple conditions. The effectiveness of the care plan is reduced by the failure to follow the recommendations by either the person being assessed or the healthcare professionals involved. Often a care plan may be developed but not implemented. Jacobs (2007) claims that up to 70% of initiatives designed to improve achievement of desired outcomes through improving management and organisational performance have been shown to fail because of poor design or difficulties in implementation. Jacob's objective is to enable the development of an action plan for the delivery of services in which all key stakeholders agree on the vision and are committed to the objectives of the program, on the action plan for implementation, on the critical success factors and how they will be measured, and on a feedback loop, so that the action plan can be reviewed on the basis of evidence. The need for more effective communication is the underlying principle.

Another example of a program aimed at improving health care service is the TULIP project (Armitage, Connolly and Pitt, 2008). This project was commissioned by the East Midlands Strategic Health Authority to promote and facilitate the inter-professional skills of students through collaborative working within the practice setting. It is hoped that the term 'service user centred' would refer to the user (in this case, the dependent older person) being considered regarding all aspects of the communication and organisation.

Skills and migrants:

Of interest to the complex and challenging situation of superior-subordinate communication between care organisation supervisors and carers (subordinates) is the work of Lee and Jablin (1995). These authors investigated the need of subordinates to maintain superior and subordinate relationships in deteriorating, escalating, and routine situations. Considering the challenges of home support situations in many countries, the superior-subordinate relationship demands further study. Even though Lee and Jablin's study concerned change, the result has relevance for the home support organisations. The authors concluded that transferees needed high-quality superior-subordinate communication primarily for feedback and social support. Such support would be beneficial to the caregiver situation, especially for migrant caregivers who are often unfamiliar with the culture of the frail older person, and maybe even struggle with the local language.

Edmondson, Gupte, Draman and Oliver (2009) continued this theme in an exploratory study released in 2009, which discussed the importance of organisations paying closer attention to their corporate language policies as a strategy for embracing diversity in their workforce. This is

necessary to ensure that the messages and signals they send consistently mirror their beliefs and the perceptions of various stakeholders. This insight is pertinent to the situation of superior-subordinate communication between supervisors of care organisations and the employed care worker, as the caregiver workforce is composed of employees of diverse race and educational backgrounds, especially for countries that rely heavily on migrant workers to supply the caregiver workforce (Edmondson et al, 2009). This is a complex issue on every level. Walsh and O'Shea (2010) offered a thought provoking comment:

Migrant carers who care for older people have not received the attention they deserve in the international literature and are not considered in any specific way in policy and practice domains in Ireland, and in most areas of the world. Given that there are now two vulnerable groups at the centre of the care relationship, the lack of data and the absence of a relevant policy focus are a concern. (p. 18)

In many countries migrant workers constitute a large proportion of the caregiver workforce. Much communication and training needs to happen so that these valuable workers are empowered to care for the older person effectively.

The impact of technology on care communication:

There is a new wave of research and experimentation with various forms of technology. Brown and Korczynski (2010) research in three U.K. local government home care organisations examined how the service triangle in care work (management, workers and clients) is affected by the use of surveillance technology. The authors found that discretionary effort is positively related, and organisational commitment negatively related, to information communication technology (ICT) as a controlling force and management, hindering the delivery of client services. It is interesting that home care workers were shown to distance themselves from the organisation, as they perceived IT as controlling, and management as a rationalising actor, minimising the delivery of meaningful care. Home care workers were also shown to continue their efforts to ensure the delivery of meaningful care, even as the opportunity for care was being squeezed out by ICT and by management as a rationalising actor.

NZHHA (2011) supports the accepted present scenario that there will be insufficient staff to manage burgeoning numbers of elderly in the community and that assistive technologies, such as tele-monitoring and robotics will be increasingly relied upon. The claim is made that government agencies need to be aware of, and plan for, the use of these technologies. Of particular concern in the discussion of Loader et al's (2007) review is the observation of the real effect of ICT on the older person. They conclude that the marginalisation of older people in the design and implementation of technologies intended to provide user-centred support, services or to enhance abilities means that the specific needs of users are likely to be 'added on' rather than integral to the system. The danger here is that ICTs will be 'adapted' to meet perceived usability requirements when there may be better opportunities to develop dedicated systems designed around user needs.

The Need for Future Research:

Research continues to offer interesting hypotheses and observations, and raise many questions. Crombie, Irvine, Elliott and Wallace (2007) state:

The main problem is that the policies commonly identify opportunities for intervening, rather than making firm commitments to implement specific actions. Frequently the policies state that action needs to be or should be taken rather than that it will be taken. (p. 469)

Jorgensen et al see this concept in a more direct and sobering manner. Their New Zealand study of paid caregivers revealed 'a contradiction between our values and what is actually happening' (2009: 403). There is a paucity of research concerning care workers in New Zealand, particularly home support carers. Kiata and Kerse (2004) discuss the fact that little is known about the workforce caring for the daily needs of residential care recipients, and that they fear that even less is known about the workforce involved in home support care. They acknowledge that the complex 'mix' of home support services is exponentially more complicated and open to problems, especially communication problems from the 'distance' aspects of home care services. There appears to be a huge gap in the New Zealand focused literature concerning all forms of communication around care organisations, carers and the older person being cared for. Internationally, there is more literature concerning such communication issues, however it seems scattered and inconsistent. Therefore, there are many areas needing further study. Some recommendations would be: the superior-subordinate communication that exists between care organisations and the carers employed by the organisation; the communication that exists between the carer and the older person being cared for; what training and support exists for carers to better enable them to effectively deliver person-centred care and quality of life for the dependent older person? How can the older person receiving care have a 'voice'?

Conclusion:

This literature review set out to explore superior-subordinate communication and how this communication affects home support health care for the older person. Over 140 articles were examined and relevant findings and ideas were noted. Much research has been carried out, policies written, and organisations created. However, as alluded to in the definition of communication, has the quality of life for the older person been cognitively, affectively or behaviourally altered for the better as a result of all these endeavours? How can we translate this knowledge and these well-meaning ideas into action, so that the daily life of the older person needing support benefits in the most efficient way possible? Many of these frail elderly have served their families, communities and country to the best of their ability, and it seems sad that some elderly end their lives in a compromised, marginalised situation. Clark (1995) states it well:

By meeting the challenges of communication about such important concepts we can gain fresh insights into the development of new ways of thinking and acting as health care professionals, individuals, and family members as we grapple together over what we mean when we say 'quality of life' for the frail elderly. (p. 410)

It is difficult to find the right answers to these complex issues, but I hope that this literature review and the ensuing research in communication within home-support organisations will not only add to the body of knowledge, but also change the quality of life for the better, in some small way, for the changing communication needs of our elders.

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