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Résumé

La concurrence dirigée en matière de services de prestation de soins à domicile et ses effets sur les infirmières

Diane Doran, Jennie Pickard, Janet Harris, Peter C. Coyte, Andrew R. MacRae, Heather S. Laschinger, Gerarda Darlington et Jennifer Carryer

Cette étude avait pour but d'explorer le rapport entre les caractéristiques des contrats de soins à domicile (en tant qu'indicateurs des relations de travail), la satisfaction des infirmières au travail et la perception de la sécurité d'emploi. Une collecte de données fondée sur un modèle transversal a été menée auprès de 11 centres d'accès aux soins communautaires (CASC), de 11 agences de prestation de soins infirmiers situés dans la province canadienne d'Ontario et de 700 infirmières. Un sondage envoyé par la poste aux CASC a servi à recueillir des données sur la durée des contrats accordés aux agences, les possibilités de renouvellement, le volume de service qui leur est confié et leur niveau de profit. Un deuxième sondage par la poste auprès des infirmières a permis de recueillir des données sur leur âge, leur sexe et leur situation d'emploi, ainsi que le nombre d'années de service au sein de la communauté et de l'agence pour laquelle elles travaillaient au moment de l'étude. On a recueilli des données sur leur satisfaction au travail à l'aide de la *Nursing Job Satisfaction Scale.* On a évalué la perception de la sécurité d'emploi à l'aide d'un seul élément mesuré sur une échelle de Likert de cinq points. On a relevé des différences notables entre les agences de prestation sur le plan de la perception de la qualité des soins chez les infirmières, de la satisfaction au travail, de la satisfaction à l'égard du temps consacré aux soins et de la sécurité d'emploi. Les aînées ont rapporté une plus grande satisfaction au travail que leurs cadettes. Les infirmières payées sur une base horaire s'estiment plus satisfaites du temps consacré au travail que celles qui sont payées à la visite. Sur le plan de la sécurité d'emploi, celles qui travaillent à titre occasionnel se sont dites moins satisfaites que celles qui travaillent à temps plein. Des différences ont été relevées entre les différentes agences de prestation, mais on n'a établi aucun lien avec le niveau de profit. D'autres travaux de recherche seront nécessaires pour déterminer les meilleures pratiques que peuvent adopter les agences afin d'accroître la satisfaction de leur personnel.

Mots clés : soins à domicile, qualité des soins, satisfaction au travail

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The Relationship Between Managed Competition in Home Care Nursing Services and Nurse Outcomes

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The objective of this study was to investigate the relationship between the characteristics of home-care contracts, as indicators of employment relationships, and nurses' job satisfaction and perceived job security. A cross-sectional design was used to collect data on the study variables. The setting was 11 Community Care Access Centres and 11 nursing provider agencies in the Canadian province of Ontario. The sample included 700 nurses. A mailed survey was used to collect data from CCACs on length of contract awarded to provider agencies, potential for renewal, volume of service awarded, and profit status of the agency. Data were collected, via a mailed survey, on nurses' age, gender, work status, and years of employment in the community and at the current agency. The Nursing Job Satisfaction Scale was used to collect data on nurses' job satisfaction. Perceived job security was assessed using a single item measured on a 5-point Likert scale. Significant differences were found among provider agencies in nurses' perception of the quality of care, work enjoyment, satisfaction with time for care, and job security. Older nurses rated work enjoyment higher than younger nurses. Nurses paid on an hourly basis were more satisfied with their time for care than those paid on a per-visit basis. Nurses employed on a casual basis were less satisfied with job security than those employed on a full-time basis. Differences in nurse outcomes were observed among nursing provider agencies, but these were not related to the profit status of the agency. Further research is needed on the best practices within agencies that result in more satisfied staff.

Keywords: Home care, community nursing, quality of care, job satisfaction

Home care has become an increasingly important component of health services. Various models for managing and delivering home care have evolved. Until 1995, communities in the Canadian province of Ontario had home-care programs that either employed nurses directly or contracted with not-for-profit and for-profit nursing agencies to provide nursing care. In 1997 the Ministry of Health and Long-Term Care established 43 Community Care Access Centres across the province to provide a single point of access to home care and coordination of long-term placement. By 2002 two of these CCACs had been merged, leaving a total of 42. The creation of CCACs was accompanied by both divestment

of direct-service professional staff from public/government agencies and the adoption of managed competition/competitive bidding, commonly referred to as a Request For Proposals (or RFP) process for nursing service contracts. The RFP sets out a CCAC's requirements in areas such as client services, financial management, and organization (Carefoote, 1998).

The purpose of this study was to investigate the impact of managed competition in Ontario on the quality of nurses' worklife and job security.

Managed competition was introduced in Ontario with the goal of achieving quality care at greater efficiency. Only a few studies have investigated the impact of managed competition on caregivers and provider agencies. Denton, Zeytinoglu, and Davies (2003) studied occupational illnesses among nurses, personal-support workers, and therapists working in clients' homes. They focused on home-care workers, which included both visiting home-care workers such as nurses and personal-support workers employed by a nursing provider agency under contract with a CCAC, and office workers, which included case managers, coordinators, supervisors, and managers working directly for an Ontario CCAC. High levels of stress, burnout, and physical health problems were documented, many of which were deemed to be preventable. The study concluded that restructuring and organizational changes in Ontario were significant factors in increasing job dissatisfaction, absenteeism, fear of job loss, and propensity to leave. However, because the investigators conducted their study at one point in time, after the introduction of managed competition, there is no way to rule out other possible contributors to job dissatisfaction and absenteeism. Abelson, Gold, Woodward, O'Conner, and Hutchison (2004) observe that implementation of the competitive contracting model in Ontario has resulted in high transaction costs incurred by purchaser and provider agencies, as well as quality of care and continuity concerns raised by individual clients and by providers who must establish and build new relationships following the awarding of new contracts and agency transfers. They report that transaction costs were incurred by provider agencies that required dedicated staff time at the managerial level to oversee the competitive bidding process. CCACs incurred weeks of dedicated case-manager time to communicate and oversee the changes that resulted from the awarding of the contracts. Case managers also incurred opportunity costs in working to ensure a smooth transition between "old" and "new" agencies.

When the Massachusetts Department of Public Health employed a form of competitive bidding for mental health services, Schlesinger, Dorwart, and Pulice (1986) concluded that the contracting process added administrative complexity and that the initial cost savings were relatively

small. To the extent that cost savings existed, they primarily reflected lower wages paid by for-profit agencies, as opposed to public agencies. However, along with these lower wages came higher employee turnover and reduced continuity of care. Similar results are reported by Shapiro (1997) for Manitoba. In the Manitoba study, contracting out led to lower service costs. However, it did so at the expense of lower employee wages, higher staff turnover, and lower job security. In addition, there were high administrative costs associated with managing the service contract.

In summary, debate has been prevalent in the health-care literature about the benefits of competitive bidding for health-service delivery. None of the research has involved a comprehensive evaluation of the impact of managed competition on the quality of nurses' worklife. The present study was designed to address this gap in the literature. It investigated the impact of aspects of managed competition — specifically, the profit status of the provider agency awarded a nursing service contract, the volume of service, and duration of the contract — on nurses' job satisfaction and perception of job security.

Theoretical Perspective and Study Variables

Social exchange theory (Blau, 1964) was used as the theoretical basis for the study because it enables conceptualization of the interplay between characteristics of the employment relationship and employees' responses in terms of affective and behavioural outcomes. Social exchange theory describes employment relationships as based on a balance between inputs and outputs in social transactions where reciprocity is sought (Blau, 1964; Coyle-Shapiro & Kessler, 2000). In order to retain and recruit nurses, employers need to develop strong employment relationships. Positive employment relationships are developed through the social exchange process. Variables such as work conditions, access to benefits, and employment within one's preferred employment pattern (e.g., full-time vs. part-time employment) have been used to characterize the employment exchange relationship (Mallette, 2005; Van Dyne & Ang, 1998). Strong employment relationships have been identified as influencing job satisfaction and workplace morale, which can affect the quality of nursing care provided (Lowe & Schellenberg, 2001).

The employment relationship variables in this study were nursing provider agency profit status, duration of the service contract with a CCAC, volume of service, potential for contract renewal, employment pattern (full-time, part-time, or casual), and method of remuneration. Profit status was selected for investigation because it has been associated with variation in wages paid by for-profit agencies (Schlesinger, Dorwart, & Pulice, 1986), which could affect nurses' job satisfaction and

intention to leave (Irvine & Evans, 1995). Duration of service contract and potential for renewal were selected because of evidence that longer contracts produce greater stability in employment, resulting in higher staff morale (Schlesinger, Dorwart, & Pulice; Shapiro, 1997). Volume of service was selected because it, too, could provide agencies with the opportunity to build stable staffing resources. Employment pattern was selected because of concerns raised about the casualization of the nursing workforce, although evidence concerning its impact on nurses' quality of worklife is controversial, with some nurses preferring part-time over full-time work (Mallette, 2005). Method of remuneration was selected because of research evidence that contracting out results in lower wages (Shapiro). In Ontario, home-care nurses are paid either by the hour or by visit. Under an hourly remuneration scheme, nurses are paid for hours worked; under a per-visit scheme, they are paid by the visit. The per-visit rate could under- or over-represent actual hours worked. The nursing outcome variables selected for investigation were nurses' perception of job security and job satisfaction as measured by three variables: satisfaction with the quality of care, satisfaction with time for care, and work enjoyment. In order to control for individual nurse factors that could explain variation in these outcomes, the following nurse characteristic variables were included: years of employment with the agency, years of employment in community nursing, age, and hours worked per week.

The study was exploratory rather than hypothesis testing because of the lack of strong empirical literature on which to generate hypotheses. Research questions were generated to guide the data collection and analysis based on social exchange theory and the findings from the literature review.

Five research questions were explored: Do nurses employed by for-profit as opposed to not-for-profit agencies report lower levels of (a) satisfaction with the quality of care, (b) satisfaction with time for care, (c) work enjoyment, and (d) job security? Is longer duration of the nursing provider contract and potential for renewal associated with higher (a) satisfaction with the quality of care, (b) satisfaction with time for care, (c) work enjoyment, and (d) job security? Is higher volume of service contract associated with higher (a) satisfaction with the quality of care, (b) satisfaction with time for care, (c) work enjoyment, and (d) job security? Is nurses' employment pattern (i.e., full-time, part-time, casual) associated with (a) satisfaction with the quality of care, (b) satisfaction with time for care, (c) work enjoyment, and (d) job security? Is nurses' method of remuneration (i.e., hourly or per-visit) associated with (a) satisfaction with the quality of care, (b) satisfaction with time for care, (c) work enjoyment, and (d) job security?

Method

Data were collected over a 12-month period in 2002–03. A survey design was used to collect data on nursing outcome variables and employment characteristic variables. The study received ethical approval from the research ethics board of the University of Toronto.

Setting and Sample

The setting consisted of CCACs and their nursing provider agencies. All CCACs in the province were eligible to participate. A total of 11 CCACs were randomly selected from among the 42 in the province, ensuring regional representation. If a CCAC declined, another CCAC in the same region was invited to participate. Eleven CCACs declined to participate due to either multiple concurrent commitments or impending changes in provider contracts related to a competitive bidding cycle. All nursing provider agencies holding contracts with the participating CCACs were invited to take part. One agency with a single contract declined to participate, resulting in a total of 11 nursing agencies with 34 contracts represented. There were more contracts than agencies because provider agencies held contracts with more than one CCAC.

The sample consisted of Registered Nurses (RNs) and Registered Practical Nurses (RPNs). Nurses were eligible to participate if they had worked a minimum of 6 months with a provider agency that consented to participate in the study. A sample size of 700 nurses was sought, based on an estimated small effect size, a power of 95%, and a significance level of 0.01 (adjusting for multiple tests of significance). Of the 1,430 questionnaires distributed, 700 were returned completed, for a response rate of 49.0%. Nurses were on average 45 years old (± 9.64), female (98%), and married (77%), with 8.2 years (± 6.22) of community nursing experience, 6.0 years (± 5.32) with their current employer, working 29 hours (± 12.1) per week. There were 479 RNs (68.5%), 211 RPNs (30.2%), and nine advanced practice nurses (1.3%). The sample was evenly split between nurses working with for-profit (n = 348; 49.7%) and not-for-profit (n = 352; 50.3%) agencies. With respect to employment pattern, 212 nurses worked full-time (30.4%), 266 part-time (38.3%), and 219 casual (31.4%).

Measures

Nurse characteristic variables, consisting of age, gender, work status, and years of employment within the community and at the current agency, were obtained from the nurse survey.

Employment relationship variables, consisting of profit status, contract volume, duration, and potential for renewal of the nursing provider

agency were collected from a survey sent to CCACs. Contract volume was measured as the total annual number of nursing visits in the most recent contract. The duration of the contract and the potential length if renewed were measured in months. Method of remuneration was assessed with one item in the nurse survey.

Nursing job satisfaction was measured using the Nursing Job Satisfaction Scale (Atwood, Hinshaw, & Gerber, 1987), whose three subscales reflect nurses' perception of quality of care, work enjoyment, and time to do one's job. Items are rated on a five-point scale. Examples of items measuring satisfaction with the quality of care include: whether it is difficult to provide high-quality care, whether it is difficult to give good care, satisfaction with the technical care, ability to provide individual care, and ability to keep the client comfortable. Examples of items measuring work enjoyment include agreement with the statements: satisfied with my job for the time being, definitely dislike my work (reverse scored), and find real enjoyment in my work. Examples of items measuring satisfaction with time for care include agreement with: usually have enough time to do a good job, have to work overtime to get paperwork done, and could deliver better care if I had more time. The construct validity of the scale is supported and its reliability and validity are documented (Cronbach's alpha = 0.88) (Atwood et al.). In the present study, Cronbach's alpha for the three subscales of the Nursing Job Satisfaction Scale was: for the RN sample (n = 479): satisfaction with quality of care (0. 0.81), work enjoyment (0.87), and satisfaction with time for care (0.89); for the RPN sample (n = 211): satisfaction with quality of care (0. 0.81), work enjoyment (0.84), and satisfaction with time for care (0.89).

Perception of job security was assessed by a single item measured on a five-point Likert scale.

Data Collection

The Executive Director of each CCAC was contacted by mail and invited to participate in the study by signing and returning a consent form in a self-addressed stamped envelope. If the Executive Director declined to participate, another CCAC was randomly selected from the same region until each region of the province was represented. Following enrolment of CCACs, all of the affiliated nursing agencies were invited to participate by signing and returning a consent form. Provider agencies were asked to distribute questionnaires to nurses by preparing two mailing labels for each eligible nurse. An agency representative advised the Research Coordinator of the number of eligible nurses, who then provided packages containing the nurse invitation to participate, a questionnaire, and a stamped envelope self-addressed to the research team.

Agencies were asked to send a package by mail (postage paid) to every nurse who had been employed by their agency for 6 months or more. In order to protect nurse confidentiality, nurses were not identified by name. Return of a completed questionnaire indicated consent to participate in the study. After approximately 2 weeks, the agencies were asked to distribute a one-page flyer to the same nurses, thanking those who had already returned their questionnaires and reminding others that a response would be valued by the research team.

Data Analysis

The SAS statistical program was used to analyze the data. Means and standard deviations were calculated to describe the distribution of the study variables. Hierarchical linear modelling (HLM) was conducted to explore the research questions. The HLM assessed the relationships between the employment relationship variables measured at the agency level and outcome variables measured at the individual level. Nurse characteristic variables that were significantly correlated ($p < .05$) with the outcome variables were entered as covariates at the individual level. HLM was conducted in order to account for the fact that nurses were nested within agencies. Agencies were, in turn, nested in contracts. Contracts were nested within CCACs. However, agencies were not nested in CCACs, because the same agency could have a service contract with more than one CCAC. In order to represent the multiple levels of data, the researchers had to decide whether to model the results at three levels or two. Three levels would have nurses nested within contracts, which in turn are nested in CCACs. Two levels would have nurses nested within agencies.

The two-level model was chosen, for several reasons. First, at no time was significant variation in outcome variables observed between CCACs, suggesting that modelling variation at the CCAC level was not important for the data. Second, the model included other variables that represented the contract characteristics, such as volume of service and length of contract. Third, and probably most importantly, the predictor variables entered to explain variation in the outcome variables were the same for the two-level and the three-level models. From a theoretical perspective, it is usually desirable to represent the findings by the most parsimonious model. It is possible that some nurses worked with the same agency under more than one contract. This was unlikely to confound the analysis, because agencies with multiple contracts typically hold contracts with more than one CCAC. Because CCACs are geographically distributed across the province, it is unlikely that nurses worked outside their own geographic region.

Table 1 *Fixed Effect Results*

Variable	Coefficient	*T* Value	*P* Value
Satisfaction with Quality of Care			
Profit status of agency	0.244	1.14	0.26
Age of nurse	-0.001	-0.30	0.76
Length of employment with agency	0.006	1.12	0.27
Hours worked	0.004	1.71	0.09
Casual work status	0.02	0.31	0.76
Employed part-time	0.06	0.80	0.43
Length of contract	-0.003	-0.69	0.49
Potential length of contract if renewed	0.003	1.28	0.20
Volume of contract	-0.01	-1.42	0.16
Work Enjoyment			
Profit status of agency	0.13	0.81	0.42
Age of nurse	0.006	2.31	0.02
Length of employment with agency	-0.005	-1.0	0.32
Employed full-time	-0.06	-1.00	0.31
Employed part-time	0.05	0.90	0.37
Length of contract	0.002	0.90	0.61
Potential length of contract if renewed	-0.001	-0.61	0.54
Volume of contract	-0.01	-1.56	0.12
Satisfaction with Time for Care			
Profit status of agency	0.26	0.88	0.38
Age of nurse	-0.001	0.34	0.73
Length of time employed with agency	-0.01	-1.72	0.09
Employed full-time	0.12	1.40	0.16
Employed part-time	0.06	0.79	0.43
Length of contract	-0.007	-1.26	0.21
Potential length of contract if renewed	0.002	0.74	0.46
Volume of contract	-0.02	-1.90	0.06
Pay determined	0.21	2.37	0.02

Perception of Job Security			
Profit status of agency	0.23	0.60	0.55
Age of nurse	0.002	0.30	0.76
Employed full-time	-0.55	-3.85	0.001
Employed part-time	-0.07	-0.59	0.56
Length of contract	-0.005	-0.58	0.57
Potential length of contract if renewed	-0.002	-0.47	0.64
Volume of contract	-0.001	-0.04	0.99

Results

Descriptive Results

Eighteen (52.9%) of the nursing provider contracts were held by for-profit agencies. On average, there were three nursing service contracts per CCAC (*range* = 2 to 5), with an average volume of 56,352 (± 27,760) nursing visits, length 35 (± 7.4) months, and potential length 52 (± 14.6) months. The length of contracts was comparable to the provincial mean of 33 months and potential length if contract renewed of 49 months. The method of remunerating nurses was evenly split between hourly (46%) and per-visit (50%). The percentage does not add up to 100 because a few nurses reported remuneration based on both an hourly and a per-visit basis (3%).

Nurses' scores on the quality of care variable ranged from 1.33, indicating low quality, to 5.00, indicating very high quality. The mean score of 3.84 (*SD* = 0.65) suggests a moderate level of satisfaction with quality of care. Nurses were least satisfied with their ability to provide high-quality care (3.48) and most satisfied with the technical nature of care (3.99) and their ability to keep clients comfortable (4.11). Nurses were on average not satisfied with time for care. The mean score was 2.83 (*SD* = 0.82). They were least satisfied with time for paperwork (2.73) and time to discuss patient-care problems with other nursing personnel (2.70). A mean score of 3.84 (*SD* = 0.54) indicated that nurses were moderately satisfied with work enjoyment. Of the items measuring work enjoyment, nurses expressed least satisfaction with the conditions of the job (1.69) and balance between work and leisure (2.14). A mean score of 2.62 (*SD* = 1.28) indicated a low level of satisfaction with job security.

Hierarchical Linear Modelling (HLM) Results

The results of the HLM analysis are presented in Table 1. There were significant differences in nurses' satisfaction with the quality of care

among provider agencies ($p < 0.05$); however, none of the other variables selected for analysis significantly predicted nurses' satisfaction with quality of care.

Work enjoyment. The HLM models indicated significant differences in nurses' work enjoyment among agencies ($p < 0.05$). The average work enjoyment for nurses employed by for-profit and by not-for-profit agencies did not differ significantly. Older nurses rated work enjoyment higher than younger nurses.

Satisfaction with time for care. The HLM models indicated significant differences in nurses' satisfaction with time for care among agencies ($p < 0.05$). Nurses who had been with the same agency longer were less satisfied with time for care than those who had been with the same agency for a shorter period. Nurses paid on an hourly basis were more satisfied with their time for care than those paid on a per-visit basis. Total volume of the contract was negatively related to nurses' satisfaction with time for care.

Satisfaction with job security. There were significant differences in nurses' perception of job security among provider agencies ($p < 0.05$). The only other predictor of satisfaction with job security was employment status: nurses who were employed on a casual basis perceived less job security than those employed full-time.

In summary, there were significant differences in all of the nurse outcome variables among provider agencies. When these differences were explored, none of the employment relationship variables were found to predict satisfaction with quality of care. Three employment relationship variables predicted satisfaction with time for care: length of employment with the agency, remuneration based on an hourly rather than a per-visit rate, and volume of the service contract. Only one employment relationship variable predicted satisfaction with job security: casually employed nurses were less satisfied with job security than nurses employed full-time.

Discussion

Several dominant themes have emerged in the literature concerning the impact of managed competition on the quality of home health services and outcomes for nurses. The discussion has reflected concern that restructuring of home health services has resulted in increased stress and burnout and decreased physical health and job satisfaction for home-care workers (Denton et al., 2003). It has led to increased absenteeism and fear of job loss (Denton et al.), undermined trust (Browne, 2000), and perhaps compromised continuity of care (Browne).

Nurses who participated in this study reported moderate work enjoyment and low job security. They were least satisfied with their ability to provide quality care, time for paperwork, time to discuss patient care problems with other nurses, conditions of the job, and balance between work and leisure. They were highly satisfied with the technical nature of care and their ability to keep clients comfortable. Approximately one third of the nurses worked full-time, one third worked part-time, and one third were casual/relief. Nurses who worked casual hours were less satisfied with their job security than those who worked full-time.

In general, these findings suggest that home-care nurses are moderately satisfied with their work but lack job security and are experiencing time pressures to complete their daily work. There were significant differences in nurses' perceptions among agencies on all dimensions of job satisfaction. Specifically, nurses working with some agencies reported higher quality of care, work enjoyment, satisfaction with time for care, and satisfaction with job security. When the differences among agencies were explored, they were found to be unrelated to whether the nurse worked for a for-profit or a not-for-profit agency. Older nurses reported more work enjoyment than younger nurses. Satisfaction with time for care was inversely related to the length of time the nurse had worked with the agency: nurses who had worked longer were less satisfied with time for care. This finding may reflect the fact that nurses who had worked with an agency for a long time had experienced different time pressures and expectations in the past, prior to the introduction of technology that has resulted in major changes in the acuity of clients being cared for in the community. There has also been an increased need for care around the clock, 7 days a week. Also worthy of note is the fact that nurses who were paid on a per-visit basis were less satisfied with their time for care than nurses who were paid on an hourly basis, suggesting the need to examine and perhaps revise the models for remuneration of home-care nurses.

Flynn and Deatrick (2004) report on the following important agency attributes, as identified by home-care nurses in the United States: preceptor-based orientation, real-time phone support, interdisciplinary coordination, scheduled time off, realistic workload, adequate staffing, supportive administrative practices, competent supervisors, and patient-centred vision. With the exception of "realistic workload," which conceptually overlaps with the measure of "satisfaction with time for care," these types of work conditions were not explored in the present study. However, because there were differences in nurses' perceptions among agencies, a more thorough understanding of the work conditions that contribute to nurses' job satisfaction in the home-care setting is an

important area for future research. Future studies could investigate the impact of both work-environment variables and employment relationship variables on home-care nurses' work enjoyment, satisfaction with the quality of and time for care, and perceptions of job security. The work-environment variables suggested by Flynn and Deatrick in their study with US home-care nurses could be explored in studies with Ontario home-care nurses.

Social exchange theory was used to guide the selection of variables and research questions. Variables such as work conditions, access to benefits, and employment within one's preferred employment pattern (e.g., full-time vs. part-time) have been used to characterize the employment exchange relationship (Mallette, 2005; Van Dyne & Ang, 1998). Three of the employment relationship variables selected for investigation in this study were significantly associated with one or more of the nurse-satisfaction variables — namely, length of employment with the agency, volume of service, and method of remuneration. These findings suggest that social exchange variables are important for understanding nurses' job satisfaction, although further research is needed to determine whether other employment relationship variables are important to understanding community nurses' job satisfaction. For instance, Mallette's findings suggest that knowing whether a nurse is employed in a preferred employment pattern (i.e., voluntary employment status) is more important for understanding nurses' affective response to their work than whether the nurse is employed in a casual, part-time, or full-time position.

Study Limitations

This study took place just after the Ontario government reorganized home-care nursing services and introduced management competition through the competitive awarding of home-care contracts. Home-care nursing provider agencies were adapting to these changes at the time of data collection. The impact of this transition to managed competition on the study results is unknown. However, it might be useful to repeat the study when the market response to managed competition has further stabilized. The employment relationship variables were aggregated to the agency level. Therefore the variability among these aggregate measures was limited to a sample size of 11 agencies. This leads to the recommendation that future studies be conducted with a larger agency sample size.

Conclusion

Debate about the comparative performance of for-profit and not-for-profit home-care providers has been prevalent in the health-care literature (Rosenau & Linder, 2001). Much of this debate has yet to be

informed by the findings of evaluation studies. The present study has begun to address this gap in the literature. It investigated the impact of the competitive model of awarding home-care nursing contracts in Ontario on nurses' job satisfaction and job security. No differences in nurses' satisfaction with the quality of care, work enjoyment, satisfaction with time for care, or job security were observed between agency ownership types. For the most part, none of the contract characteristic variables, such as contract volume and length, explained variation in nurses' satisfaction with the quality of care, work enjoyment, or satisfaction with time for care. However, three of the employment relationship variables were associated with higher levels of satisfaction on one or more of the job-satisfaction variables: full-time employment, remuneration on an hourly basis, and volume of service.

The policy implications of these findings are several. The results suggest that the quality of nurses' worklife does not suffer under for-profit delivery of home-care nursing. Nurses from both types of agency expressed moderate levels of work enjoyment and low levels of satisfaction with time for care and job security. Policy implications include the need to promote opportunities for full-time employment and remuneration of nurses on an hourly rather than a per-visit basis. Differences observed at the agency level suggest the need for further investigation of the best practices within agencies that result in more satisfied staff. It is also possible that the concern about having adequate time to provide care is not sector-specific but is common to nursing in other settings such as acute care.

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