

Research and Evaluation

Workforce Crisis in Residential Aged Care: Insights from Rural, Older Workers

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In Australia, workforce shortages in residential aged care present a significant challenge for the aged care industry. The growing demand for workers in aged care, combined with the shrinking supply of younger workers entering the field, highlights a future workforce crisis. The current shortfalls are set to worsen with the retirement of a generation of women who have provided the backbone of the workforce. Although targeted retention of this group may alleviate this issue, few studies have explored the retirement decisions of this cohort. This paper reports on a qualitative study of this cohort of Victorian public sector residential aged care staff. Although current government rhetoric promotes intrinsic rewards (altruism, moral fulfilment) over extrinsic rewards (excessive workload, pay and conditions), a combination of these factors was associated with job satisfaction. It would seem timely to revisit some of these concerns to ensure an adequate and sufficiently skilled workforce.

Key words: *gender, public sector, residential aged care, rural, workforce*

Introduction

In Australia, the impact of population ageing on the future availability of a sustainable aged care workforce is imminent and of concern (King et al. 2013; Productivity Commission 2011). The impending demographic shift over the next 40 years indicates that 1.2 million more people over the age of 85 will require care and assistance with daily living and, a larger proportion of this group will require higher levels of care because of complex medical conditions (Andrews-Hall, Howe and Robinson 2007; King et al. 2013). The Australian Productivity Commission (2011) has projected the need for an additional 105000 residential care beds in the next 15 years. This prediction signals a significant challenge for the Australian aged care industry. The demand for a skilled and sustainable workforce will continue to grow while worker availability is dwindling

(Hodgkin, Warburton and Savy 2012). Current shortfalls are set to worsen given the retirement over the next 15 years of a generation of women who have formed the backbone of this workforce (Graham and Duffield 2010).

Recruitment and retention problems are especially acute in rural areas. Targeted retention of older female workers may partially alleviate the overall problem. However to date, there is little available research to guide this strategy and ensure that it meets the needs of this cohort, as well as broader aims for a sustainable workforce. The study, we report on here, addresses this gap by exploring the intrinsic and extrinsic factors related to job satisfaction of women aged 55 and over working in a sample of publicly funded rurally located residential aged care facilities. At one level, their responses speak of their personal experiences of and affinity for care work. At another, they illustrate broader issues that impact on workers' personal intentions to continue working, and the sector's capacity to recruit new and younger workers.

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Background

Across developed nations, aged care represents one of the fastest growing sectors (Hussein and Manthorpe 2014). In Australia, in spite of the policy push to support older people living at home in the community, the residential aged care sector has grown exponentially to meet demands for care of physically frail and cognitively impaired elders. In a recent analysis, Baldwin, Chenoweth and dela Rama (2015) found a 27% increase over the past 10 years in the total number of operational aged care beds provided by not-for-profit, for-profit, and government providers. In rural areas, government-owned services predominate (Baldwin et al. 2015). Australia's Commonwealth government allocates and funds beds, and regulates providers via the Aged Care Act 1997 and the Aged Care Principles. In Victoria, the Victorian Department of Health continues to own the largest number of aged care beds in Australia. The majority of these are situated in rural locations where many aged care facilities are run by local health services. Many of these facilities are small in size and face challenges in relation to future financial viability.

The identification of workforce shortages in this sector is complicated by underlying demand variations and fluctuations in government policy. In spite of this, commissioned work has predicted a future workforce crisis in both community and residential aged care in Australia (King et al. 2013; Productivity Commission 2011). Although some discrepancies in the modelling underlying this prediction have been identified, conservative estimates call for a tripling of the current aged care workforce by 2050 to meet projected care needs (Australian Government Department of Health and Ageing 2012). Currently the sector employs 147000 direct care workers in residential aged care and 93000 direct care workers in community aged care (King et al. 2013). The 2012 commissioned National Aged Care Workforce report predicted that by 2050, Australia will be 330000 workers short in residential care, and 164000 short in community care (King et al. 2013).

Demographic analysis suggests that the workforce problem is exacerbated by both the predominance of older workers and a deficit of younger workers entering the sector (Hugo 2007). In Australia, the current median age of staff working in residential aged care is 48 years, and 50 years in community aged care (King et al. 2013). These figures exceed the median age of any other workforce area in Australia. The sector is also characterised by gender segregation (Meagher 2007; Somerville 2006): 89% of all staff in residential care and 90% in community aged care are women. So populated, it follows that substantial attrition will occur over the next two decades, a loss rarely considered in workforce modelling (Hugo 2007).

The sector has traditionally relied upon a generation of women with limited formal qualifications who took up roles as personal care workers. This group constitutes one of the lowest paid in Australia. Their hourly rate, situated marginally above the minimal wage level, is not substantially improved by achievement of aged care qualifications (Martin 2007). Although reliance on this group is clearly unsustainable, aspirations to replace them with younger, equally committed workers are fraught with substantial hurdles. Demographic data profiling Australia's workforce as 'increasingly credentialed and skilled' signal difficulties for future recruitment of younger workers to unskilled and semi-skilled positions (Hugo 2007: 178).

The problem of impending attrition is compounded by both acute recruitment difficulties and high turnover rates, currently at 25% (Australian Government Department of Health and Ageing 2008; King et al. 2013; Productivity Commission 2011; Schofield et al. 2008). Commissioned reports and published articles depict residential aged care workplaces as understaffed, de-professionalised, and demoralised. In such milieu, worker dissatisfaction is linked to the undervaluing of their skills; exacting, heavy workloads over which direct care workers have little control; occupational health and safety risks; diminished opportunities for providing meaningful and holistic care; poor staff attitudes; insufficient training; lack of career pathways; under-resourcing;

and inordinate administrative demands (Cheek et al. 2003; Henwood et al. 2009; Kaine 2012; King 2012; King et al. 2013; Mellor, Chew and Greenhill 2007; Productivity Commission 2011). The changing occupational profile in this field is a further source of concern for many workers. The hours and scope of practice of personal care workers have grown whereas the number of available registered nurse hours has reduced (Productivity Commission 2011).

Pay disparity adds to worker dissatisfaction and undermines recruitment efforts. Using 2011 figures, the Aged Care Workforce Compact Report highlighted the disparity between registered nurses working in aged care and those in acute hospitals (\$114 per week), and between enrolled nurses working in aged care and their acute care counterparts (\$69 per week; Australian Government Department of Health and Ageing 2012). Remuneration disparity also occurs between the disability and the aged care sectors. It is suggested that once the National Disability Insurance Scheme (NDIS) is rolled out, the higher wages offered in this sector will lure workers away from the already vulnerable field of aged care (Community Services and Health Industry 2014). The relatively poor pay of aged care workers is commonly conceptualised as the 'care penalty' (England 1995). This penalty is apparent in remuneration comparisons made between care work and other types of employment when controlled for individual, occupation, and industry characteristics (England 2005: 382). The care penalty is held in place by pervasive and gendered explanations of care work that situate female caregivers as 'prisoners of love' (England 2005). In this conceptualisation, care work is undervalued and underpaid due to the assumption that women are essentially motivated by love and obligation rather than pay (Meagher 2007; Palmer and Eveline 2012). Indeed, to keep pay rates low, the intrinsic rewards derived from helping others, providing personalised care and comfort are promoted above the extrinsic rewards such as pay, adequate conditions, opportunity for career advancement, and training (England 2005: 382; King 2012; Palmer and Eveline 2012). Advancing this argument, Kaine and Ravenswood

(2014) argue that workers are prevented from making claims to recognise the value of their care work by the highly casualised and part-time nature of their employment and industrial barriers that prevent them from participating productively in collective bargaining.

The foregoing issues pose significant challenges for the public sector, particularly in rural areas which already struggle to recruit and retain an adequate health workforce. Back in 2011, the Productivity Commission Report identified that the number of Rural Aged Care Facilities (RACFs) with at least one vacancy for a direct care worker increased from 37 to 50% between 2003 and 2007 with staff turnover reported to be a third higher in RACFs than for other healthcare areas (Productivity Commission 2011). Increased vacancies for remote and very remote areas have more recently been found in King et al. (2013) Aged Care Workforce Report. Added to this, there are particular difficulties in replacing experienced and senior registered nurses in rural areas (Graham and Duffield 2010).

The Policy Response

In spite of considerable reform to the sector over the past 10 years, political will to directly respond to the workforce issues identified in the 2011 Productivity Commission's report has waned. In the 2012 'Living Longer Living Better' reform document a 10-year plan addresses flagging and unsustainable aspects of the industry including the anticipated workforce crisis. Recognising the industry's significant and chronic problems, the former, Labour government developed the Workforce Compact to provide for improved wages, staff development and training, and enterprise agreements. The Compact aimed to provide 3.7 billion in new funding for aged care, with 1.2 billion allocated for wages and conditions (Kaine and Ravenswood 2014). Announcing the funding, the then Minister for Aged Care, the Hon. Mark Butler signalled a major policy re-orientation to address poor remuneration and conditions:

Aged care workers don't tend to work in the aged care sector for the money, they do it because they

love the work. But that in itself has to stop being an excuse for paying such low wages for such important work. (Butler 2013)

Importantly, this statement linked and gave value to both extrinsic and intrinsic rewards and motivations. Although it was acclaimed by the Australian Nursing and Midwifery Association and other peak organisations, it did not receive the support of major employer bodies such as Catholic Health Australia (CHA). Wary of funding shortfalls, these organisations rejected tying wage increases to enterprise bargaining.

The 'Living Longer Living Better' report has been superseded by the current government's aged care policy document entitled 'Healthy Life Better Ageing' which reflects a different policy direction. Critical of the eligibility requirements for the workforce supplement set out in the Workforce Compact and arguing that funding allocation fell short, the current government dismantled the initiative (Harrington and Jolley 2013). The former Australian Minister for Aged Care and Disability the Hon. Mitch Fifield made this comment in relation to wages and conditions in aged care:

We need to look at ways to make working in the social services area incredibly attractive. But I think we've also got to recognise that for the majority of people in the aged care sector and in the disability sector, they do this work because when they wake up in the morning, they want to know that they're going to be making a difference to someone's life. Yes, quality of workplace is important, but it's not the only factor and neither is pay. (Fifield 31/03/2014)

This comment strongly upholds the altruistic motivations of aged care workers while it downplays their need for extrinsic rewards. It thus reflects a policy impasse and little change the industry's capacity to increase wages, improve training and educational opportunities, retain and recruit workers. Arguably, there is little intention to acknowledge and address the breadth of issues underlying and exacerbating the growing crisis across the aged care sector.

This paper explores these issues as they are experienced by a sample of older workers in rural, residential aged care. Its particular focus

is on factors that support or discourage their continued employment. Central to the analysis is the contention that the motivation to 'make a difference to people's lives', as espoused by the Minister, is enough to keep these women in the workforce and avoid a worsening workforce shortfall. Overall, the aim of this paper is to capture the insights of older women working on the ground in aged care to better understand and utilise their perspectives to improve retention in rural public sector aged care.

Methodology

This research was conducted in Northern Victoria, Australia and forms part of a larger study that examines intention to retire and psychological strain in rural Australian healthcare workers (over 55 years; Warburton et al. 2014). Ethical approval was obtained from the Human Research Ethics Committee of the Faculty of Health, La Trobe University (FHEC10/187) and ethical review committees of the respective healthcare services.

Participants working in aged care were identified from the larger study of 17 rural public healthcare facilities including residential care facilities under the jurisdiction of the Victorian Government Department of Health, in the Hume catchment region. Participants were recruited anonymously through the payroll department of these services, and were all aged over 55 years, representing the first wave of baby boomers. In Stage 1 of the study, a survey method was chosen where participants were asked to provide demographic data, answer one health-related and one work-related questionnaire. An initial letter of introduction was sent to the CEO of each facility to provide information about the study and establish willingness to participate. Following agreement to participate, the CEO nominated a contact person for each facility to co-ordinate the distribution of survey material to staff members. Paper surveys were attached to the payslips of individuals identified as fitting the inclusion criteria. The final sample comprised 295 respondents.

In the second stage of the study (reported here), the focus was on understanding older women (55 years and over) working in aged care in terms of the factors that keep them in the sector, or influence them to leave or to retire. Participants selected for the second stage had indicated their willingness and consent to participate in Stage 1 in interviews via their initial survey response. Thus, from the larger sample, a purposive sub-sample of female participants who worked in residential aged care was selected. Participation was voluntary and all participants provided informed consent. Fourteen participants were interviewed representing a spread of designations in terms of scope of practice, accountability, and status: six Division 1 Nurses, three Division 2 Nurses, and five Personal Care Workers.

A semi-structured interview schedule was designed. Participants were asked questions about why they stayed working in residential care, what factors would influence them to leave and what strategies might be put in place to retain the current workforce. Each interview was audio-taped and followed the interview schedule, with the average time recorded for interview being 50 minutes. All interviews were de-identified and transcribed verbatim. Participants were given pseudonyms to maintain their anonymity.

Data were entered into NVivo v10 and subjected to inductive thematic analysis following the guidelines set out by Braun and Clarke (2006). Steps taken to ensure rigour throughout the data collection and analysis process included the consistent use of the semi-structured interview tool, establishment of a decision trail in terms of coding and analysis via NVivo, and inclusion of direct quotes to represent key themes (Guba and Lincoln 1981; Liamputtong and Ezzy 2005).

Analytic Approach

Our analytic framework is informed by Herzberg et al.'s (1959) theory of motivation to work. This seminal work conceptualises the relationship between an individual's experience of job satisfaction and the balance of intrinsic and extrinsic rewards pro-

vided by the work involved and its conditions. Herzberg classified intrinsic reward as pleasure derived from the work itself leading to self-actualisation. Examples include praise or recognition for the work performed, the nature of the work, responsibility, and growth or advancement (Herzberg 2003). For Herzberg, these incentives provide a reason to engage in particular work and contribute directly to job satisfaction. Further, he argued that intrinsic rewards are supported by maintenance incentives provided by the workplace. These incentives or extrinsic factors derive from working conditions such as salary, company policy and administration, interpersonal relationships, status and security, supervision leave allowances, and professional development. Herzberg names these incentives 'hygiene factors' in that they prevent job dissatisfaction rather than providing job satisfaction (Herzberg 2003; Herzberg, Mausner and Snyderman 1959). Perceived restrictions of maintenance or extrinsic incentives, for example, inadequate salary for allocated responsibilities, have been linked to reduced job dissatisfaction (Smith and Shields 2012). Our application of Herzberg's model is particularly appropriate given the policy discourse around the importance of intrinsic motivations, such as altruism, and the perceived problems with maintenance incentives including the tradition of poor salaries and conditions in this field.

Findings

The following findings are organised around Herzberg's principal concepts of worker motivation, namely intrinsic and extrinsic rewards. Our analysis thus identifies those factors that influence the participants' decisions to stay working while it describes their work and its conditions. It allows for understanding the balance and tension between the subjective dimensions of care and its tangible conditions.

Intrinsic/Motivational Rewards

The participants' responses provide clear examples of intrinsic reward which they linked

to decisions about remaining in the industry. Three sources of intrinsic reward were identified: the altruistic nature of the work and the recognition received for performing it, relational reward associated with caregiving, and developing a range of extensive knowledge and skills. These are discussed in turn.

Altruism

It was evident that participants drew intrinsic reward from performing work of an altruistic nature. When asked about their reasons for working in aged care, the majority responded with the phrase 'I find it rewarding' and several articulated their desire to make a positive difference. As in Stacey's (2005) study, the poorest paid participants, the Personal Care Assistants (PCAs), drew altruistic meaning from performing the 'dirty work' in spite of the poor wages and conditions:

'So when you have a bad day, you think, that's it- I'm out of here. This is not worth the stress, especially for the money you're getting – it is not worth it. Then you go in the next morning and – so many times the residents say, oh, I'm so glad you're here. You look after me so well. I love having you look after me. Then you think, I'd do it for nothing if I had to. The residents themselves make you want to do it'. (P7)

Participants described how they extend care beyond their defined roles: *'I just like helping them. I've got a beautiful garden and I take in big buckets of roses and chocolates and stuff. I just do the little extras or try to. Cut their toe nails when no-one's looking, things like that'. (P4)*

One Nurse Unit Manager (NUM) linked these attitudes and practices to workers' decisions to stay in the job:

'That's what keeps them there, the fact that they do want to care for people'. (P1)

Furthermore, participants suggested that their sense of commitment to care work was an attribute characteristic of their cohort but one not found equally in subsequent generations of paid caregivers. As one PCA noted:

'Actually we're certainly an aged workforce . . . most of us are over 50, in fact nearly all of us are over 50. Yes, yes, we did have a couple of young ENs come in, but I see one of them is not coming back, because there's so much work'. (P3)

This response points to the problem of recruiting and retaining younger workers who may be less tolerant of the hard work and its current conditions. Similarly, participants compared their approaches to caring with those of younger workers, suggesting that these workers did not share the same 'caring' attitude. For example, one registered nurse, expressed dismay about the way younger workers speak to residents: *'My major issue is the way they [residents] are treated. That's what we're supposed to be there for and a lot of people forget that . . . they completely forget that that's our one purpose in nursing, I think'. (P14)*

As well as questioning the suitability of younger generations to work in aged care, several participants noted that younger workers do not stay long in aged care jobs. One put this down to the attraction of more exciting fields, describing younger workers as *' . . . more keen to work in the area of, you know, A&E, primary care' (P1)*. In comparing their own intrinsic motivation to that of younger workers, the participants reflected wider concerns about how they might be replaced. These findings problematise the industry's longstanding reliance on workers' intrinsic rewards, as well as policy assumptions about future workforce availability.

Relational Reward

Several participants spoke of the close bonds they had forged with residents. One summed up the enjoyment she derived from these relationships: *'It's the residents that kept me going into work. It's the residents that give me my happy shift, the residents that, yes, so I don't really think that it's so much the workplace, that I think it's the lovely people that I look after'. (P3)*

Participants frequently referred to residents as being part of a family: *'Like, we're family to a lot of these people, because a lot of them don't have relatives that come and see them. So*

it's like the family unit, amongst the staff and with the clients'. (P1)

This finding echoes those of multiple studies (e.g. Stacey 2005). It demonstrates not only the emotional rewards that caregivers derive from intimate relationships with aged residents but attendant feelings of obligation towards those who no longer enjoy regular family contact.

Skill Enhancement

For several participants, intrinsic rewards derived from having to upgrade their skills and expertise to adapt to working in an ever changing, complex environment: *You need lots of skills and I've found it very rewarding in lots of ways '... I did find it very rewarding and I suppose I just virtually grew into it, but I did really enjoy working with the aged' (P6)*. In this way, participants challenged the commonly held belief that caring for aged residents requires few skills. Several registered and enrolled nurses provided examples of the clinical knowledge required to adequately care for physically and cognitively impaired residents. They emphasised that in rural areas, RACFs often co-reside with small acute care beds.

Extrinsic/Maintenance Factors

The extrinsic or maintenance factors referred to by the participants include excessive workplace pressures and demands (14/14); unsupportive workplace relationships (13/14); lack of quality training (8/14); and low wage (5/14). Through the lens of Herzberg's model, these factors underlie the degree of job dissatisfaction experienced by participants.

Excessive Workplace Pressures and Demands (14/14)

All participants described excessive workplace pressures and demands. They cited numerous contributing factors such as the particular nature of aged care work, extensive workload and administrative duties, inadequate facilities or equipment which made tasks *quite physically demanding* (P5); the inability to switch off from

the role because *'You're caring 24 hours a day' (P5)*; and a lack of staff. Workplace demands were regarded as a particular problem in *'small country facilities' (P5)* mainly due to staff shortages and the lack of service infrastructure in rural areas.

One enrolled nurse plainly described working with aged residents as: *'...just hard work... because they're frail, plus also too they're mentally unwell, so it was just heavy physically, and emotionally hard work at times' (P1)*. Additionally, it was clear that these issues were exacerbated due to the increasing needs of residents, most of whom *'... have multiple co-morbidities' (P6)*, staff shortages, lack of facilities and *'hugely, hugely-time consuming' administrative duties*. Some equated the onus of administrative duties with reduced time for and decreasing standards of nursing care. For example, one described how this limits care:

'...just disheartening because ..., we don't have the time. Look at palliative care, you should be able to sort of spend a lot of time with them. Well, they're like everybody else, you go and you do what's your necessity and then you virtually leave them until they call you again or something'. (P3)

Participants spoke of the personal, detrimental consequences of workplace pressures and demands, particularly the impact on their health. For example, one reported slipping a disc while on the job 3 years previously: *'So I'm certainly wanting to look after myself physically' (P3)*. Another used the term *'burnt out'* to discuss why she had recently left the industry. As a result, these pressures were causing some to step down from their roles, or leave aged care altogether.

Management and Workplace Relationships (13/14)

The issue of management and workplace relationships was commonly raised by participants. In particular they reported on their experience of workplace support, teamwork, and morale. Most participants observed that management personnel were rarely present in the

daily activities of the facility. As one enrolled nurse suggested:

'[they] don't really know what goes on in a lot of cases on the floor. They're not really involved enough to know the issues that are going on. They don't get down to the nitty gritty'. (P8)

Several participants linked this distant style of management with a lack of support and encouragement, particularly in relation to recognising staff needs for upskilling:

'There's not enough... ongoing training provided for the staff... there should be more encouragement for people to train up and get better qualified to do the job'. (P8)

Participants spoke about the importance of a supportive and friendly workplace, linking poor teamwork and low morale to worker stress and turnover. Conversely where relationships were supportive, a different view emerged. As one participant noted:

'If I'm to work until I retire, this is the place that I want to do it in... I know that if I ask anything of my unit manager, if she can do it for me, she will. So, that's what I like'. (P1)

Staff Shortages (12/14)

Staff shortages were highlighted by most of the participants as a negative factor impacting on their workload stresses, job satisfaction, and in turn, decisions about retirement. The majority (10/14) of participants referred to inadequate staffing levels and the restrictions this places on meeting increasing resident care needs. One compared current shortages with times past: *'It's more critical than what it might have been back then'* (P13). A registered nurse commented: *'Normally our ratio is one to twenty. When I first started nine years ago it was much lower care, but now they're introducing people that are needing more care but haven't upgraded the staff'* (P3).

Although some participants observed that ratios were better in the public sector than in other sectors, the majority made the point (11/14) that staff shortages were compounded by insufficient *qualified skilled workers* to meet the increasing needs of residents requiring high

care. In particular, the increasing devolvement of care tasks to less-skilled workers was noted:

'As an endorsed enrolled nurse, sometimes you're responsible for a whole facility of up to 120 people. It's cheaper for them to have an endorsed enrolled nurse than to have an RN'. (P8)

This kind of downgrading and understaffing impacted significantly on the energy and capacity of workers to continue their roles. As one said: *'I just felt burnt out just through not enough staff'* (P5).

Four participants raised the problem of recruitment to rural areas. One referred to the lack of medical and professional availability in their localities: *'You haven't got the backup like you have in bigger hospitals. Also nowadays the doctors – I think we've got about five doctors here now – we used to have a local doctor on call every weekend but now they don't'* (P5). In similar vein, another participant stated: *'We're a very small rural town. Getting the workforce up here up to scratch – they've got a particular problem getting [Div 1s]. That's a major problem'* (P7).

Training and Professional Development (PD; 8/14)

More than half of the participants expressed concern about inadequate training and professional development for new and existing staff, and the difficulties associated with this in rural settings. Two distinct groups who raised this problem. The first group, generally PCAs, felt under-skilled and not competent to effectively carry out their role. The other group, registered nurses, also reported a lack of training opportunities. According to several participants, this problem puts pressure on qualified staff and heightens concern for residents. For example, one registered nurse said: *'... training of staff is very important, because as I said, it also puts pressure on management or your next level and I think very often that's what forces older people out of work in the aged care sector is that they have so many staff who are not trained, so the pressure on them is very high'* (P11).

This lack of training causes stress, as noted by another participant:

'[it's a]... major mental stress, because you think, I'm doing the best that I can with the information I have, but sometimes it seems like you're not up to standard'. (P7)

Outdated Rural Facilities (5/14)

For some participants, the outdated state of their facilities and equipment contributed to increasing workload demands, and the physical strain of their daily job. For example, as facilities have to cater for more needy residents over time, it becomes harder for workers to provide safe and dignified care. One participant described this situation and its impact on workers' capacity: *'When our facility was built, it was built for low care. So therefore if somebody has a fall we can't get a lifting machine into the bathroom. The place is just not suitable for high care' (P3).*

Low Remuneration (5/14)

Five participants raised low remuneration as a retention issue, suggesting that low wages detracted from attracting younger workers and retaining existing workers. One participant, who was nearing 60 and who worked as both a domestic and a PCA in aged care stated:

'I think the reason – I'll be totally honest with you here – I think a big reason why people leave is the money. I'll be blunt – \$22 an hour is what we get as a PCA. My granddaughter started entry level in the bank up here about nine months ago. No experience whatsoever, and her entry level pay was [more than me] \$26 an hour. People that look after your loved ones in their final years – \$22 an hour. What can you say?' (P7)

Discussion

The question of who will care for our increasing population of elders into the future is increasingly critical. The impending retirement of half of the current aged care workforce over the next 15 years necessitates innovative responses to attract and retain workers to the field. Current government rhetoric that promotes intrinsic rewards (altruism, moral fulfilment) over extrinsic rewards (excessive workload, pay,

conditions, and management support) is unlikely to successfully appeal to younger workers. Our findings highlight important considerations in relation to the retention of workers. Although its participant sample is small, it represents the occupational roles typically found in these settings, and its findings are consistent with those of broader studies that identify problems associated with recruitment and retention of the aged care workforce (Cheek et al. 2003; Kaine 2012; King et al. 2013; Mellor, Chew and Greenhill 2007).

The participants viewed themselves as a group that will be difficult to replace. From their vantage point as front line workers soon to exit the sector, they question whether younger generations of women will share their sense of vocation, and accept current pay rates and working conditions. Their concern in this regard corresponds with and is supported by considerable literature and analysis. For many theorists, care workers are penalised because of the intrinsic rewards and moral value attached to their work. England (2005), for example, argues that lower wages are justified on the basis of workers' altruism and gendered disposition to care work. Only when the work is defined as comparatively onerous will employers be required to pay higher wages (England 2005: 389). In other words, as long as care work is regarded in predominantly vocational and gendered terms its physically demanding dimensions will be overlooked and workers will be seen to be appropriately rewarded. However, reliance on workers' altruism alone is likely to be unproductive. The participants in this study refer to the mobility and increased options of younger workers, noting their inclination to leave care work for more favourable opportunities. The existing pay differentials between healthcare sectors attest to the care penalty in aged care and provide such incentives. As the labour market tightens and the care industry expands into other sectors such as disability, the capacity of this sector to compete for workers is set to weaken further.

The staggering numbers required to meet the predicted demand indicate the need for well-constructed and sustained action (Australian Government Department of Health

and Ageing 2012: 7). Yet since 2013 industry reform and strategy development have stalled because of the repeal of the Workforce Compact in 2013, subsequent policy changes and fiscal constraint. Hence, there has been no concerted response to meet concerns about remuneration and workplace-related issues such as those repeatedly noted in both academic and grey literature. In particular, these issues relate to a combination of extrinsic factors: poor working conditions, heavy workloads, occupational health, and safety concerns; insufficient training, lack of training, constant administrative demands, and comparative low remuneration. These issues are reiterated by the participants in our study. As reported in many other studies, the participants noted how their increasing workloads encroached on their capacity to spend time with residents. In particular, they pointed to the impositions of administrative work including the unrelenting demands of record keeping that have come to redefine care work. Because of this, many participants see that nursing care standards have deteriorated. Their views are echoed in arguments that over-regulation constrains workers' ability to meet residents' individual social and clinical needs (Angus and Nay 2003). The irony of these documentary requirements and accountability is that although qualified nurses highly value direct care, they increasingly spend more time on administration (Hall and O'Brien-Pallas 2000; Munyisia, Yu and Hailey 2011).

Drawing from their longstanding employment in the sector, the participants clearly linked the increasing care needs of aged care residents with higher workloads and the need for more advanced skills. In other words, although the work has become more complex and demanding, they report that training has not kept pace with a more needy consumer profile. Their experience is supported by recent data provided by the Australian Institute of Health and Welfare (2012) which found that 76% of residents overall were classified as needing high levels of care. This increased dependency translates to decreased capacity for self-care and increased demand for staff time. Data collected in the decade 1996–2006 show that in spite of this increase in dependency,

resident-staff ratios did not change (Productivity Commission 2011). Rather, there was evidence that workloads have increased along with rising occupational health and safety risks, particularly in facilities designed for low-care residents (Martin and King 2008).

The relationship between worker competence, changing role scope, and the growing complexity of residents' care needs is commonly discussed in the literature. The occupational profile of workers and their scopes of practice have changed significantly given the reduced availability of registered nurse hours and the increase in the number of personal care workers across the sector (Productivity Commission 2011). This change is contentious given the tightly guarded role boundaries between registered nurses (Division 1), enrolled nurses (Division 2), and personal care workers. The changing profile raises questions about the role, supervision and training of personal care workers. As residential care places increase to accommodate the growing frail aged population, the need to develop and adopt strategies to ensure sufficient numbers of direct care workers and the best mix of roles and skills into the future becomes more pressing (Robinson, Abbey and Abbey 2007). The participants in this study indicate that considerable work is needed to ensure that all workers are appropriately skilled for their clearly defined roles. Some participants described co-workers as lacking the training required for their roles. Others doubted that their own level of competency was sufficient to perform the work required of them. This admission correlates with the increase in delegating complex tasks to lower skilled employees as a cost cutting measure (Kaine 2012; Kaine and Ravenswood 2014; Meagher 2007; Palmer and Eveline 2012).

The participants present contrasting stories of their workplace milieux. Some were described as having inadequate management, poor staff morale and limited opportunities. In other cases, the participants expressed their appreciation of a supportive work environment, strong relationships with colleagues, and team membership. Such positive accounts speak of the link between organisational

characteristics that provide promotional opportunities and support, worker satisfaction and staff retention (Humphreys et al. 2002; Stordeur et al. 2007; Tai, Bame and Robinson 1998). Given the physical and emotional demands of caregiving, the role of management in this regard is especially crucial in aged care facilities (Jeon 2014).

The many concerns raised by the participants in this study have dogged the industry for a long period of time. The literature includes many suggestions to re-moralise aged care work, for example, by extending scopes of practice and re-configuring skill mix; upgrading the professional status of aged care registered nurses; establishing clear educational benchmarks and career structures; setting resident-worker ratios across all states; improving pay and conditions comparable to acute care; identifying clinical care benchmarks; and focussing on management and leadership skills (Crack and Crack 2007; O'Reilly, Courtney and Edwards 2007). These same suggestions are repeated in the latest Productivity Commission Report (Productivity Commission 2011). Examples of strategies such as local training programs to upgrade the qualifications of personal care workers and registered nurses Division 2 have been described (Deshong and Henderson 2010; Latham, Giffard and Pollard 2007) but little is known about the prevalence, characteristics, and outcomes of these programs.

There is little doubt that residential aged care in Australia is experiencing a workforce crisis that will compound over the next decades. Migration in of retirees and migration out of younger groups, including health professionals, suggest demand is likely to intensify in rural areas (Warburton et al. 2014). The insights provided by the participants in this study speak of the many demographic and policy changes that have altered the experience of working in aged care. From their accounts and perceptions, a clear picture emerges to indicate that the recruitment of workers from subsequent cohorts requires a balanced and productive focus on both the intrinsic (vocation) and extrinsic factors (working conditions and remuneration) associated with job satisfaction in residential aged care. From their 'real world' position,

the participants depict their care of aged and frail elders as skilled, demanding, and necessarily virtuous work. Solutions for a sustainable workforce into the future rest on genuine attention to each and all of these elements.

References

- Andrews-Hall, S., A. Howe and A. Robinson. 2007. 'The Dynamics of Residential Aged Care in Australia: 8-Year Trends in Admission, Separations and Dependency.' *Australian Health Review* 31(4):611–622.
- Angus, J. and R. Nay. 2003. 'The Paradox of the Aged Care Act 1997: The Marginalisation of Nursing Discourse*'. *Nursing Inquiry* 10(2): 130–138.
- Australian Government Department of Health and Ageing. 2008. *Report on Audit of Health Workforce in Rural and Regional Australia, April 2008*. Canberra: Commonwealth of Australia.
- Australian Government Department of Health and Ageing. 2012. *Discussion Paper: Development of the Aged Care Workforce Compact*. Canberra: Commonwealth of Australia.
- Australian Institute of Health and Welfare. 2012. *Residential Aged Care in Australia 2010-2011: A Statistical Overview, Aged Care Statistics Series No. 36, Car.no.AGE 68*. Canberra: Australian Institute of Health and Welfare.
- Baldwin, R., L. Chenoweth, and M. dela Rama. 2015. 'Residential Aged Care Policy in Australia – Are We Learning from Evidence?' *Australian Journal of Public Administration* 74(2):128–141.
- Braun, V. and V. Clarke. 2006. 'Using Thematic Analysis in Psychology.' *Qualitative Research in Psychology* 3(2):77–101.
- Butler, M. 2013. *Minister for Ageing Mark Butler announces Aged Care Compact*. Canberra: Australian Nursing & Midwifery Federation. Available from: www.anmf.org.au. [Accessed 18 March 2015].
- Cheek, J., A. Ballantyne, J. Jones, G. Roder-Allen, and S. Kitto. 2003. 'Ensuring Excellence: An Investigation of the Issues That Impact on the Registered Nurse Providing Residential Care to Older Australians'. *International Journal of Nursing Practice* 9(2):103–111.
- Community Services and Health Industry. 2014. *Submission to the House Standing Committee on Education and Employment. Inquiry into*

- Technical and Further Education in Australia*. 2014. Canberra: Commonwealth of Australia.
- Crack, J. and G. Crack. 2007. 'Promoting Quality Care for Older People in Meal Management: Whose Responsibility Is It?' *Australian Journal of Advanced Nursing (Online)* 25(1):85–89.
- Deshong, D. and A. Henderson. 2010. 'The Trainee Assistant in Nursing: A Pilot Exercise in Building and Retaining a Workforce.' *Australian Health Review* 34(1):41–43.
- England, P. 1992. *Comparable Worth: Theories and Evidence*. New York: Aldine de Gruyter.
- England, P. 2005. 'Emerging Theories of Care Work'. *Annual Review of Sociology* 31(1): 381–399.
- Fifield, M. 31/03/2014, 7.30, Australian Broadcasting Commission.
- Graham, E. M. and C. Duffield. 2010. 'An Ageing Nursing Workforce'. *Australian Health Review* 34(1):44–48.
- Guba, E. G. and Y. S. Lincoln. 1981. *Effective Evaluation: Improving the Usefulness of Evaluation Results through Responsive and Naturalistic Approaches*. San Francisco, CA: Jossey-Bass Publishers.
- Hall, L. M. and L. O'Brien-Pallas. 2000. 'Redesigning Nursing Work in Long-Term Care Environments'. *Nursing Economic\$* 18(2):79–87.
- Harrington, M. and R. Jolley. 2013. *The Crisis in the Caring Workforce*. Canberra: Parliament of Australia. Available from: www.aph.gov.au [Accessed 15 March 2015].
- Henwood, T., R. Eley, D. Parker, A. Tuckett, and D. Hegney. 2009. 'Regional Differences among Employed Nurses: A Queensland Study.' *Australian Journal of Rural Health* 17(4):201–207.
- Herzberg, F. 2003. 'One More Time: How Do You Motivate Employees?' *Harvard Business Review* 81(1):87–96.
- Herzberg, F., B. Mausner and B. B. Snyderman. 1959. *The Motivation to Work*. New York: Wiley.
- Hodgkin, S., J. Warburton. and P. Savy. 2012. 'Using Mixed Methods to Develop and Implement a Work Sampling Tool in Residential Aged Care.' *International Journal of Multiple Research Approaches* 6(1):23–32.
- Hugo, G. 2007. 'Contextualising the 'Crisis in Aged Care' in Australia : A Demographic Perspective.' *Australian Journal of Social Issues (Australian Council of Social Service)* 42(2):169–182.
- Humphreys, J. S., M. P. Jones, J. A. Jones and P. R. Mara. 2002. 'Workforce Retention in Rural and Remote Australia: Determining the Factors That Influence Length of Practice.' *Medical Journal of Australia* 176(10):472–476.
- Hussein, S. and J. Manthorpe. 2014. 'Structural Marginalisation among the Long-Term Care Workforce in England: Evidence from Mixed-Effect Models of National Pay Data.' *Ageing and Society* 34(01):21–41.
- Jeon, Y.-H. 2014. 'Innovation in Aged Care Leadership: Overcoming Workforce and Care Quality Issues?' *Australian Nursing and Midwifery Journal* 21(7):37.
- Kaine, S. 2012. 'Collective Regulation of Wages and Conditions in Aged Care: Beyond Labour Law.' *Journal of Industrial Relations* 54(2): 204–220.
- Kaine, S. and K. Ravenswood. 2014. 'Working in Residential Aged Care: A Trans-Tasman Comparison.' *New Zealand Journal of Employment Relations* 38(2):33–46.
- King, D. 2012. 'It's Frustrating! Managing Emotional Dissonance in Aged Care Work.' *Australian Journal of Social Issues (Australian Council of Social Service)* 47(1):51–70.
- King, D., K. Mavromaras, Z. Wei, B. He, J. Healy, K. Macaitis, M. Moskos and L. Smith. 2013. *The Aged Care Workforce Final Report 2012*. Available from <http://apo.org.au/node/33009>. [Accessed 26 January 2015].
- Latham, H., L. Giffard and M. Pollard. 2007. 'University and Health Service Partnership: A Model to Deliver Undergraduate Nurse Education in Rural Australia.' *Collegian* 14(1):5–10.
- Liamputtong, P. and D. Ezzy. 2005. *Qualitative Research Methods*, 2nd edition. South Melbourne, Australia: Oxford University Press.
- Martin, B. 2007. 'Good Jobs, Bad Jobs?: Understanding the Quality of Aged Care Jobs, and Why It Matters.' *Australian Journal of Social Issues (Australian Council of Social Service)* 42(2): 183–197.
- Martin, B. and D. King. 2008. *Who Cares for Older Australians?: A Picture of the Residential and Community Based Aged Care Workforce, 2007*. Canberra: Commonwealth of Australia.
- Meagher, G. 2007. 'The Challenge of the Care Workforce: Recent Trends and Emerging Problems.' *Australian Journal of Social Issues* 42(2): 151–167.
- Mellor, P., D. Chew and J. Greenhill. 2007. 'Nurses' Attitudes toward Elderly People and Knowledge of Gerontic Care in a Multi-Purpose Health Service (MPHS).' *The Australian Journal of Advanced Nursing: A Quarterly Publication of*

- the Royal Australian Nursing Federation* 24(4): 37–41.
- Munyisia, E. N., P. Yu and D. Hailey. 2011. 'How Nursing Staff Spend Their Time on Activities in a Nursing Home: An Observational Study.' *Journal of Advanced Nursing* 67(9):1908–1917.
- O'Reilly, M., M. Courtney and H. Edwards. 2007. *How Is Quality Being Monitored in Australian Residential Aged Care Facilities? A Narrative Review. International Journal of Quality Health Care* 19(3):177–182.
- Palmer, E. and J. Eveline. 2012. 'Sustaining Low Pay in Aged Care Work.' *Gender, Work and Organization* 19(3):254–275.
- Productivity Commission 2011. *Caring for older Australians*, Report No. 53, Final Inquiry Report, Canberra.
- Robinson, A., J. Abbey and B. Abbey. 2007. 'What Are We Waiting For?' *The Australian Journal of Advanced Nursing : A Quarterly Publication of the Royal Australian Nursing Federation* 24(3): 5–7.
- Schofield, D., Shrestha, R., Passey, M., Earnest, A. and Fletcher, S. 2008. 'Chronic disease and labour force participation among older Australians'. *The Medical Journal of Australia* 189(8):447–450.
- Smith, D. B. and J. Shields. 2012. 'Factors Related to Social Service Workers' Job Satisfaction: Re-visiting Herzberg's Motivation to Work.' *Administration in Social Work* 37(2):189–198.
- Somerville, M. 2006. 'Becoming-Worker: Vocational Training for Workers in Aged Care.' *Journal of Vocational Education and Training* 58(4):471–481.
- Stacey, C. L. 2005. 'Finding Dignity in Dirty Work: The Constraints and Rewards of Low-Wage Home Care Labour.' *Sociology of Health and Illness* 27(6):831–854.
- Stordeur, S., W. D'Hoore, H. M. Hasselhorn, B. H. Muller, P. Tackenberg, A. Kummerling, M. Simon, A. Buscher, L. Braeckman, P. Kiss, R. Verpraet, M. Laine, G. Wickstrom, M. Estryng-Behar, O. Le Nezet, D. Gould, D. Camerino, P. Conway, B. Van Der Heijden, E. Van Der Schoot, H. Oginska, J. Pokorski, P. Radkiewicz, M. Widerszal-Bazyl, A. Hanzlikova, M. Kovarova, M. Josephson and P. Lindberg. 2007. 'Organizational Configuration of Hospitals Succeeding in Attracting and Retaining Nurses.' *Journal of Advanced Nursing* 57(1):45–58.
- Tai, T. W. C., S. I. Bame and C. D. Robinson. 1998. 'Review of Nursing Turnover Research, 1977-1996.' *Social Science and Medicine* 47: 1977–1924.
- Warburton, J., M. Moore, S. Clune and S. Hodgkin. 2014. 'Extrinsic and Intrinsic Factors Impacting on the Retention of Older Rural Healthcare Workers in the North Victorian Public Sector: A Qualitative Study.' *Rural and Remote Health* 14:2721 (online).