BANKWEST CURTIN ECONOMICS CENTRE

DEVELOPING SUSTAINABLE CAREER PATHWAYS FOR AGED CARE WORKERS

A WA Case Study

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Glossary of acronyms and abbreviations

Aged and Community Services Australia	ACSA
Australian Bureau of Statistics	ABS
Australian Institute of Health and Welfare	AIHW
Australian Nursing Federation	ANF
Australian Skills Quality Authority	ASQA
Centre of Excellence in Population Ageing Research	CEPAR
Community Aged Care	CAC
Community Aged Care Package	CACP
Community Care Workers	CCW
Department of Health and Ageing	DoHA
Department of Social Services	DSS
Department of Veteran Affairs	DVA
Extended Aged Care in the Home	EACH
Health Workforce Australia	HWA
Home and Community Care	HACC
Human Rights and Equal Opportunity Commission	HREOC
Leading Age Services Australia	LASA
Long Term Aged Care	LTAC
National Health and Hospital Reform Commission	NHHRC
Organisation for Economic Co-operation and Development	OECD
Personal Care Attendants	PCA
Residential Aged Care	RAC
Teaching and Research Aged Care Services	TRAC
World Health Organisation	WHO

Executive summary

Dramatic increases in the ageing population have created growing demand for personal care assistants (PCAs) across the states and territories in Australia. Available data indicates that the population aged 65 to 85 years will double in Western Australia (WA) by 2050. This demographic 'time bomb' (see Montague *et al.*, 2015) will exert significant pressure on the already under-resourced and under-supported aged care industry to respond to the looming demand for PCAs. To date, there has been a lack of any PCA-specific studies within the aged care sector in WA that address these issues. This report explores key factors that influence PCA's intentions to stay or leave employment within aged care facilities from one case study organisation in WA.

To this end, the research involved multiple methods and data collection from three groups: interviews with 21 managers and union delegates and a follow-up survey of PCAs (n=311) were carried out within nine aged care facilities from the case study organisation in WA between May and October 2016. A total of 79 usable survey responses was received. Despite a limited survey response rate of 20 per cent, the survey demographics were very similar to those found across the industry with a high female workforce share; an older workforce compared to other industries; and a high share of permanent part-time contracts.

In order to explore associations between PCA attributes and their intentions to stay or leave employment, two-by-two cross-tabulation analyses were conducted. The Chi-Square test was utilised to determine statistically significant relationships.

The analyses found statistically significant associations between intentions to stay or leave employment and several PCA attributes. Higher percentages of: a) mature aged respondents (40 years and above), b) respondents with English as their first and only language, c) female respondents, and d) respondents based at the non-metropolitan locations of aged care facilities, indicated their intentions to stay in their current jobs.

The findings indicate the aged care sector's ability to match demand for services depends on the combination of expanding as well as retaining the current PCA workforce. The survey findings have the potential to inform policies and organisational strategies to attract and retain PCAs by the managers and supervisors of aged care facilities in WA. This report outlines potential sustainable career pathways for the attraction and retention of PCAs within the aged care sector in WA, and proposes a strategic way forward.

Key findings

- One of the major policy debates taking place in advanced economies across the world concerns the implications of population ageing on economic growth and development, and how to attract and retain a strong workforce within the future aged care sector.
- Increases in the number of older people in Australia over the last decade have created growing demand for a more skilled and dedicated care workforce in the provision of low and high care services in both residential and community aged care facilities.
- In 2016 the Federal government announced major funding cuts to the aged care sector; as a result, the sector has been facing pressures to reduce costs and increase staff productivity to offset funding losses, and in turn, the ability to attract and retain staff, especially with improved wages and benefits, has become more difficult.
- Around 90% of aged care employees are female, and the average age of the workforce is considerably older than the overall Australian workforce. In the residential care sector around 70 per cent of workers are classified as personal care assistants and over 70 per cent of employees are on permanent part-time contracts. The hourly rates of pay for care assistants are among the lowest across all occupational groups.
- The profile of the workplaces covered in this research study was very similar to the broad demographic and employment profile found in the industry. The study also indicated that location and prevailing labour market conditions are important factors in relation to the attraction and retention challenges. While part-time employment status is prevalent, it was confirmed that this has both tax advantages and work life balance attractions for many PCAs.
- Certificate qualifications are desirable for job entry, and a combination of qualifications and experience is required for progression within the current limited career structure. The ageing aged care workforce and the attraction of younger workers were seen as ongoing challenges for the sector.
- Staff reported they are, in general, very satisfied with their work. The issues that stand out as being relevant to attraction and retention from the survey were dissatisfaction over pay, limited opportunities for promotion, and stress on the job. In terms of leaving the job, only 22% reported that they had considered leaving the sector, while nearly 40 per cent had considered leaving the organisation.
- To stay in the sector the most important factors were seen as pay, job security, guaranteed hours and opportunities for promotion. The most important factors that encouraged exit were issues around workload, staffing and team work; followed by the prospect of getting a better paid job elsewhere.
- Age, location, labour market conditions and tenure were all important background conditions influencing aged care workers' intentions to leave or stay.
- Despite all of the challenges referred to here for PCAs there was an evident commitment to the job and to clients. Participants reported a sense of job satisfaction in providing caring support services, being involved in effective teams, and with the support mechanisms within specific organisations.
- The implications of these findings suggest that Federal and State governments could be more pro-active in supporting job seekers to enter the industry, and that more workplaces could enter into partnerships with training and education institutions as part of this process.

Introduction

The aim of the project was to explore sustainable career pathways for the attraction and retention of personal care assistants' (PCAs) in the WA residential aged care sector, and to analyse the effectiveness of current staffing models within the sector. This study informs potential strategies that might be effective in providing PCAs' employers with policies and practices that enhance their attraction and retention; while providing the PCAs with the competencies, skills, health, well-being and career development that result in improved retention. It also focuses on effective attraction strategies in order to recruit more PCAs into the sector. The Australian Government Job Outlook website (2017) indicates that PCAs potentially perform a range of tasks including the following: assistant patients with personal needs and mobility, following therapy plans, observing and reporting changes in the condition of patients, delivering medication, providing support to professional staff, and assisting in rehabilitation. Entry into the position usually requires a certificate II or II VET qualification, and/or 12 months relevant experience. In addition, depending on the state and the care services being supplied, registration and licensing requirements may be a condition of employment. Job descriptions include Hospital Orderly, Wardsperson, Nursing Support Worker, Therapy Aide, and Personal Care Assistant

The human population is aging at a rate "without parallel in the history of humanity" (United Nations, Department of Economic and Social Affairs, Population Division 2001: xxviii). Australia's population, in common with several other developed nations such as the United Kingdom (UK), United States and Japan, is ageing as a result of sustained low fertility and higher life expectancy rates (Australian Bureau of Statistics [ABS], 2014). The World Health Organisation [WHO] considers the age of 65 as the accepted marker of old age (WHO, 2015). According to the Productivity Commission (2013), those 'aged 65 and over will account for one quarter of the population in Australia by 2050. In addition, the recent intergenerational report projects that nearly 7 per cent of the population will be aged 85 years and over by 2056 (Australian Government Treasury, 2015).

The aged care system in Australia comprises a set of public, private, and not-for-profit based institutions that provide personal care interventions to the aging population, including those suffering from chronic illness and those with a disability or physical and cognitive decline (Centre of Excellence in Population Ageing Research [CEPAR], 2014a). Australia has about 2,800 residential aged care facilities providing care to more than 160,000 elderly people. It is projected that by 2020 the number of residents is expected to reach more than 250,000, with the highest area of growth among residents aged 95 years or over (Australian Nursing Federation [ANF], 2010). This trend suggests that there will be increasing pressure on the aged care system to fulfil the demands for care of the ageing population in both community and residential settings. Consequently, there will be an increased gap between supply and demand on the PCA sector workforce in the future leading to significant labour shortages (Liquor, Hospitality and Miscellaneous Workers' Union [LHMU], 2010; Aged and Community Services Australia [ACSA], 2014). Hence, it is imperative to examine the attraction and retention of PCAs, and to evaluate how career pathways can be developed within the sector to sustain the future carer workforce. With the challenges related to the ageing population, demands for care services overall will increase; the need for acute care services will also increase due to the number of patients with dementia; the fiscal commitment of the state for aged care services will rise

significantly, and the demand for care workers across a range of skills will increase accordingly. The significance of the issues and challenges for public policy are apparent from the large number of reports into the sector that cover service quality, growing demand, funding, skill development and future workforce needs.

This report evaluates the attraction and retention practices at a number of WA-based aged care workplaces located in one large not for profit care organisation. Building on earlier work carried out by Montague *et al*. (2015), the report examines how organisations can attract and retain PCAs through their staffing programs and policies. While funding remains a major challenge for the sector, especially following Federal policy changes for the sector in 2016, the premise of the report is that there are policies and programs that organisations can develop and apply to address these challenges.

The report is structured as follows. Section 1 provides an outline of the structure, funding and institutions in the Australian aged care sector. Section 2 provides an overview of the aged care workforce. Section 3 examines workforce attraction and retention challenges for the sector. Section 4 outlines the research methodology used in this study. Sections 5 and 6 report on the research findings arising from the interviews with managers, PCA surveys and interviews with union delegates. Section 7 summarises the findings and sets out recommendations.

Background

to the aged care sector

Section 1: Background to the aged care sector

Population ageing and the growing demand for aged care services

As a result of low fertility and high life expectancy, the Australian population has been ageing for over a century (ABS, 2014). Similar to other nations such as the UK and US, this is a trend that has recently caught the attention of successive governments and now, more than ever, there is a need to address the impact an ageing population will have on resourcing and aged care support and delivery. The definition of what is considered 'old age' varies between individuals, communities and cultures; however the World Health Organisation (WHO) considers it to categorise those aged 65 years and over (WHO, 2015). According to the Productivity Commission inquiry report, people aged 65 years and over will account for nearly one quarter of the overall Australian population by 2050 (2013).

The aged care sector involves organisations including public, private and community institutions providing short, medium or long-term care. This may be provided through dedicated facilities where older people reside, or from people's private homes (CEPAR, 2014b). The current aged care sector provides services to over 209,000 people in Australia (Australian Institute of Health and Welfare [AIHW], 2012), with estimates predicting the number will reach over 250,000 in the next decade ([ANF, 2010). These figures indicate there will be increased pressure on the Australian government and the aged care industry to fulfil the growing demand for care from the ageing population. As more people enter into residential or community care, the demand to fulfil their needs rises, and thus will lead to the creation of a potential labour shortage as there will simply not be an adequate number of qualified staff to maintain the current approach to aged care (ACSA, 2014).

One of the major policy debates occurring in advanced economies across the world is the implication of population ageing on economic growth and development, as well as how to attract and retain a strong workforce within the future aged care sector (Majeed *et al*., 2015). Christensen *et al.* (2009) and Kroezen *et al.* (2015) argue that recent changes in the demographics of many advanced countries present a number of challenges, and create an important avenue for the recognition of an ageing workforce as a critical component of the labour force. For example, when the aged care sector is compared with other national workforce sectors, Australia has a disproportionately older aged care workforce (King *et al.*, 2012). Indeed, the ageing of the aged care workforce in Australia continues to be a major challenge for both residential and community aged care service providers in relation to the recruitment and retention of a qualified and skilled workforce (Radford *et al.*, 2015).

When these factors are considered in conjunction with the increase in the number of older people in Australia over the last decade, it is evident that the need to address the challenges outlined is imperative, and has created growing demand for a more skilled and dedicated care workforce in relation to both low and high care services in residential and community aged care facilities (Kaine, 2009; Radford *et al*., 2015). Currently, over 24 per cent of Australians are 60 years and above, and the number is expected to increase rapidly by 2050 (Gao *et al*., 2014). This is highly problematic given that an estimated care workforce of 827,100 is considered necessary to effectively meet the needs of older people by 2050 (Strategic Workforce Advisory Group, 2012). It is proposed that these demographic changes will have both economic and health implications for the Australian economy in the following ways:

i. The rise in the ageing population will create a critical need for more aged care workers as a result of the decline in the number of family caregivers and informal care arrangements (Gao *et al*., 2014). This has been attributed to factors originating from contemporary family and work setting configurations.

ii. The aged care workforce in both residential and community facilities in Australia is ageing and is likely to create challenges in maintaining adequately-skilled aged carers owing to skill shortages (Twigg and McCullough, 2014).

In addition to these issues, changes in consumer preferences and in the design and funding of aged care services will impact on the way services are delivered. There are variations and specialisations across the sector according to the quality and costs of services, and changes in terms of the age, gender, sexuality, ethnicity and the first language of the residents (Mavromaras *et al*., 2016). If the workforce is to maintain its current level of service quality, then it will need to adapt to the changing environment. For example, information technology is continually advancing and using applied science such as the digitisation of paper-based records. This will be necessary to enhance efficiency and the quality of services in order to improve the financial sustainability of the aged care sector. Greater emphasis will be placed on attracting skilled staff and those with particular skills such as languages and cross-cultural understanding; enhancing training programs, and creating flexible working arrangements that cater to the needs not only of the clients, but also the of the aged care workers themselves. Such approaches will assist adaptation processes, as workers become better able to respond to the needs of older people while driving business efficiencies (ACSA, 2014). By focusing on the aged care workforce and future environmental changes within the sector, the services offered by the providers are likely to enhance the attractiveness of, and ultimately strengthen the overall attraction, recruitment and retention of qualified and skilled staff.

The need for qualified workers to provide care and support for older people is continually growing (Department of Health and Ageing [DoHA], 2005). While younger workers are always in demand, an older, experienced aged care workforce is an essential part of providing quality health services to the ageing population. Hence, retaining older workers is vital (ABS, 2011). However, workforce retention is even more problematic. Specifically, the median age of personal care assistants, who make up 68 per cent of the workers in long-term aged care (LTAC) and 81 per cent in community aged care (CAC), was 47 years of age (LTAC workers) and 50 years (CAC workers) respectively in 2012 (King *et al.,* 2012).

Government projections for the number of workers needed to fill the demands of the growing population by 2050 range from 830,000 to 1.3 million employees - more than double the current workforce (DoHA, 2010). The Productivity Commission estimates that around 980,000 workers will be needed by 2050 to fill demand (2011). At an annual average growth rate of 2.6 per cent between now and 2050, employment growth in the sector is predicted to exceed the rest of the economy. However, to keep the current ratio of aged care workers aligned with the population of people aged 85 years and over, the number required is likely to be closer to 1.3 million workers, requiring an annual average growth rate of 3.5 per cent (ABS, 2013). This increase in employment growth will present serious challenges for the sector, as competition is expected to increase and staff shortages will lower the number of skilled workers available. It is also likely to pose a fiscal risk to the government as the principal care funder.

Scoping the aged care sector

The Commonwealth Government primarily funds the aged care sector. Residential care refers to care provided at an aged care facility and is typically provided by formal carers (Access Economics, 2010). People who need residential care are generally those with high health care requirements or those who have limited access to informal care. Aside from the classification of residential aged care facilities and community care facilities; one of the major distinctive features within the Australian aged care sector is the categorisation of residential aged care facilities into low-care and high-care service providers (Kaine, 2009). Low level care requires limited nursing staff access, while high level care entails full-time support. With regard to the latter, clients are provided with all the necessities for daily living - such as medical care, assistance with personal tasks (e.g., eating and bathing), living services (e.g.,meal preparation and cleaning), and accommodation (Access Economics, 2010). Although mainly funded by the government, most residential aged care (RAC) facilities are operated by private accredited providers, and residents receive a subsidy, usually paid directly to their residential provider, based on their care needs (DoHA, 2009a).

Community Aged Care (CAC) is provided at the person's private residence and is primarily provided by informal carers with limited support from outside formal care services (Access Economics, 2010). A number of government programs are used to access formal care, including Home and Community Care (HACC), Community Aged Care Package (CACP), Extended Aged Care in the Home (EACH), and Extended Aged Care in the Home – Dementia (EACH-D). HACC is the largest of the programs, providing transport, home maintenance, counselling, nursing and general personal care to 73.9 per cent of clients (DoHA, 2009c). CACPs are designed for older people with care needs similar to those of low level RAC programs and provide personal care, domestic assistance, social support, transport, food services and gardening (DoHA, 2009d). EACH and EACH-D, on the other hand, focus on older people with care needs similar to those in high level residential care. In addition to receiving the same care as CACP clients, clients are also eligible to receive nursing care, allied health care and rehabilitation services (DoHA, 2009e). EACH-D extends care to services specifically designed for individuals suffering from dementia (DoHA, 2009f).

In 2016 the Federal government announced major funding cuts to the sector through the ACFI (aged care funding instrument). In response, the sector suggested that this would mean an average $6,000 plus funding cut per patient, and a reduction of $2.5 billion funding to the sector over a 4 year period (Australian Ageing Agenda, 2016). This indicates that the sector will face pressure to reduce costs and increase staff productivity to offset these funding losses. In turn, the ability to attract and retain appropriate staff has become even more difficult.

The importance of the aged care sector

The aged care sector is an important part of Australia's health system, and while changes to the system have improved the range and type of care available to older people, there is still a considerable variation in service quality that is influenced by an increasingly diverse ageing population. Challenges relate to higher demand for aged care support, shifts in the type of care needed, and changes in disease and illness patterns. These include increases in cases of dementia and the costs associated with

assisting people suffering from chronic pain. Alongside this, in some cases, there have been changes in the assessment of asset levels, in addition to social and economic changes that may reduce the level of access to carers; diversity in the geographical location of the Australian population; shortages in qualified nurses and personal care workers' and the need to secure aged care expansion in a significantly tight labour market among similar sectors (Productivity Commission, 2011).

The main factor driving the expansion of the sector relates to the diversity in wellbeing and health of older people. Due to medical and technological advancements, many people are living longer than before and remain healthier well into their old age, although others still experience illness and disease. As people age, their physical and psychological wellbeing alters, impacting on their health and mobility, with the risk of developing chronic illness such as dementia on the increase (Travers *et al*., 2015). This situation is further exacerbated by the number of people aged 85 years and over that is expected to more than double; increasing from 1.8 per cent in 2010 to around 5.1 per cent by 2050 (Australian Government Federal Treasury, 2010). Federal Treasury (2010) also predicts that one in twenty people aged 85 years and over will, by 2050, be affected by severe chronic illness, which means that they will require daily regular assistance. Chronic age-related issues are expected to be more common as people live longer, thus prolonging the duration of these issues and potentially leading to multiple medical issues needing to be managed by carers. Accordingly, the need for highly specialised care will increase, thus requiring further investment in care facilities. One of the main challenges will be allocating services to older people in need of high levels of care, resulting in a larger portion of government spending dedicated to residential aged care. Treasury (2010) estimates that the amount of government spending on aged care will need to more than double the growth in GDP between 2010 to 2050.

Changes in social constructs will also have a strong influence on the type of aged care preferred by older people, given changes in their living situations and life circumstances. Based on divorce rate trends, it is predicted that there will be a 90 per cent increase in single people aged 65 years and over living alone between 1996 and 2021 (ABS, 2001). This will ultimately lead to fewer sources of informal care, as partners tend to be one of the major sources of informal caregivers. Moreover, Hiel *et al*. (2015) argue that, providing informal personal care may negatively influence the caregivers' mental and physical health. Consequently, they call for more awareness concerning both the beneficial and detrimental effects of caregiving among policy makers, in order to make well-informed decisions to address the growth of care demands in the ageing population. In addition, social attitudes, especially in relation to generation X and Y, towards informal care will change, as younger people tend to feel less obligated to care for the elderly (Access Economics, 2010). According to Access Economics (2009b), generation X and Y were substantially less likely to provide primary care between 1998 and 2003 than those in the same age range reported five years earlier. Although further research is needed to understand the reasoning behind their choices, there is evidence to suggest that younger individuals are less inclined to provide the same level of informal care as were their parents and grandparents. However, it may be that, due to the increased longevity of the ageing population, they are 'caught between children of their own and ageing parents', the so-called 'sandwich generation', as Bonvalet *et al.* (2015, p. 21) point out.

The need for aged care assistance will increase federal government and private spending on aged care services as the rate of demand for general health, home based, flexible and residential care systems grows (Productivity Commission, 2011). While many older people require assistance as they age, this does not necessarily mean that all old people will need assistance. For various reasons, some will require continual daily residential assistance, while others will remain in their own homes, even after being medically diagnosed with illness or disease (Lunn, 2011). Dementia is the leading reason why older people enter into residential care. An Australian Institute of Health and Welfare (AIHW) report, for example, found that in 2008-09, 53 per cent of all individuals living in aged care facilities were diagnosed with dementia, and approximately 79 per cent were 80 years of age or older (AIHW, 2011). There were an estimated 266,574 people living with dementia in 2011 (Deloitte Access Economics, 2011), with over 60 per cent of sufferers residing in the community. Many received no support from funded services (National Aged Care Alliance, 2012). Moreover, the number of people with dementia is expected to grow by up to 300 per cent, with around 730,000 people living in Australia predicted to have the chronic disorder in the next 40 years (Drabsch, 2006).

The long-term viability of the aged care sector is a critical issue that cannot be ignored. Demographic ageing will lead to rapid demand growth, increased levels of financial support and changes in individual expectations. The prevalence of chronic illness and disease will result in pressures for greater government spending on the aged care industry. Furthermore, informal care is likely to decline and, due to the trend towards smaller households, the rate of older people living alone is likely to increase given the apparent reluctance of the younger generation to take care of the elderly. Therefore, aged care providers need to ensure that their skilled workforce is prepared for the increasing demands, and that there are sufficient facilities available to accommodate the increasingly ageing population. Policy planners also need to plan for the expansion of residential as well as community aged care. These factors highlight the need to improve the working conditions, wages, training and opportunities for advancement offered by the aged care sector to attract and retain qualified staff, especially PCAs.

Key stakeholders in the aged care sector

The Australian aged care sector comprises many different components, each working together as an ecosystem to try and ensure that older people are healthy and have the care required for quality lifestyles. An essential element of supporting an ageing population is the collaboration of various stakeholders across personal health care professions, the aged care workforce, allied health practitioners, the wider system and community. By integrating potential partners and stakeholders, the aged care sector benefits immensely through better health promotion and services that help increase the prevention of illness, improve the management of chronic disease, offer greater diversity in rehabilitation programs and palliative care, and aid in smoother transition for older people entering into RAC facilities (South Australia Health, 2009). Different stakeholders are funded separately, based on the type of care they provide. The Commonwealth Government funds RAC and primary health care, state governments fund hospitals and have administrative responsibilities in Commonwealth aged care packages, and the community sector is funded by both the Commonwealth and state governments (AIHW, 2007).

Table 1 shows the main stakeholders in the aged care industry and their responsibilities. The main aged care funders are the Department of Social Services (DSS), the Department of Veterans' Affairs (DVA), the Department of Health, the Department of Industry, and state and territory governments. Their primary concern

is ensuring that older people are healthy and have the necessities to get them through their daily lives. The main public agencies are stakeholders that provide independent advice to the Australian government on issues pertaining to funding and financing. They are typically informed by their clients as well as the aged care sector. The agencies include: the Australian Aged Care Quality Agency (AGQA), the Aged Care Financing Authority (ACFA), the Aged Care Pricing Commissioner (ACPC), the Aged Care Gateway, the Aged Care Reform Implementation Council, and the Aged Care Commissioner. These agencies' main goals are to monitor and evaluate aged care reforms and to report on the effectiveness of reform implementation. They are designed with the intention of lowering complaints while improving standards of care (see ACFA, 2013). For example, the ACPC's primary function is the approval of extra service fees and proposed payments for accommodation when those payments are higher than the amount set out by the Minister, together with any other pricing based functions issued by the Minister (The ACPC, 2015).

Stakeholder institutions are representative bodies and organisations that provide services to older people with the aim of improving the standards, equality and efficiency of aged care. They are typically not-for-profit providers and include sector-wide advocacy groups such as the National Aged Care Alliance, Council on The Ageing (COTA), consumer advocacy groups, unions, professional bodies, provider advocacy groups; and other providers, such as Anglicare and Baptistcare, all of which strive to sustain best practices for older Australian people. For example, Leading Age Services Australia (LASA) is a national peak body that aims to enable access to high quality aged care services for all older Australians, regardless of their culture or background (LASA, 2015).

Table 1 **Key aged care industry stakeholders**

Government Departments	Main public agencies	Stakeholder institutions	Other
Department of Social Services (overall responsibility)	Australian Aged Care Quality Agency (AACQA; former Age Care Standards and Accreditation Agency)	Sector-wide Advocacy (National Aged Care Alliance)	Other Sectors/Agencies (Disability; Health; Workforce – e.g., Health Workforce Aust., Education – e.g., Aust. Skills Quality Authority)
Department of Veterans' Affairs (Veteran programs)	Aged Care Financing Authority (ACFA; Pricing and financing advice to government	Consumer Advocacy (e.g., Alzheimer's Australia, COTA, Carers Australia, National Seniors Australia)	Research (e.g., AIHW, Productivity Commission, Productive Ageing Centre, Academia)
Department of Human Services (Processing of subsidies)	Aged Care Pricing Commissioner (ACPC, Accommodation pricing)	Unions (e.g., Aust. Nursing and Midwifery Federation, United Voice)	Age Discrimination Commissioner
Department of Health (Formerly overall responsibility; some responsibility via Health Workforce Aust. And accreditation)	Aged Care Gateway (Information, assessment, coordination)	Professional Bodies e.g., Aust. College of Nursing, Aust. Assoc. of Gerontology)	
Department of Industry (Responsibility for workforce skills and training)	Aged Care Reform Implementation Council (Monitoring reform progress)	Provider Advocacy (e.g., ACSA – not for profit. ACIA – home care, LASA – industry-wide)	
Governments of Victoria and Western Australia (Separate arrangements)	Aged Care Commissioner (Complaints)	Providers (e.g., Anglicare Australia, Bupa, local councils)	

Source: CEPAR 2014a.

There are also other stakeholders in the aged care industry such as the Health Workforce Australia (HWA), a Commonwealth authority that delivers a national approach to health workforce reform (HWA, 2015). HWA provides regular information and statistics on the welfare of the Australian population. Finally, the Age Discrimination Commissioner in the Human Rights and Equal Opportunity Commission [HREOC] addresses equality issues around age discrimination (AHRC, 2012). In addition to the aforementioned stakeholders, there are other key stakeholders including the aged care sector clients and relatives who are either directly or indirectly affected by the sector.

Public reports on aged care services in Australia

There are a large number of industry reports that detail the issues and challenges facing the aged care sector. These take the form of industry and research reports and public inquiries. The foci of these studies are diverse, and include population ageing; the funding of services; the quality of services; service provision; aged care policy recommendations; workforce development and workplace/workforce conditions. A list of the major reports follows in table 2 in chronological order.

Table 2 **Research reports on the aged care service sector in Australia**

Year	Report	Focus
2005	Federal Department of Health and Ageing	Workforce
2009	South Australian Health	Health services
2009	Agency for Healthcare Research and Quality	Health services
2010	Australian Government Federal Treasury	Population ageing
2010	Access Economics	Aged care policy
2011	Productivity Commission	Aged care services sector
2012	Federal Department of Health and Ageing	Health services
2013	Productivity Commission	Population ageing
2013	Australian Workplace & Productivity Agency	Workforce development
2013	Aged Care Financing Authority	Aged care funding
2013	Australian Skills Quality Authority	Workforce training
2014	Aged and Community Services Australia	Workforce development
2014	Centre of Excellence in Population Ageing Research	Policy and service provision

In addition, the Federal Senate has been conducting an inquiry into the Future of Australia's Aged Care Workforce (Parliament of Australia, 2017). The Committee has received public submissions and public hearings over 2016 and 2017, but has to date not issued a final report.

The next section outlines the key issues raised by previous public inquiries into the aged care sector, before highlighting the recommendations made concerning the attraction, recruitment and retention of qualified aged care staff. These issues and challenges encompass aged care reform, service gaps and accessibility, the flexibility of care delivery, the attraction and retention of care staff and support for a diverse workforce.

The aged

care workforce

Section 2: The aged care workforce

Aged care workforce trends

Researchers based at Flinders University have been developing time series data concerning the aged care workforce using Australian census data. The latest report for 2016 is now available and the broad features of the industry workforce are outlined (Mavromaras *et al*., 2016). The workforce providing direct care services in Australia traditionally comprised three distinct occupational groups; namely, Registered Nurses (RN), Enrolled Nurses (EN), and Personal Care Assistants (PCA). In response to the increasing demands of aged care services, coupled with a limited aged care workforce, the scope has been extended to include Allied Health Assistants (AHA) and Nurse Practitioners (NP). The AHA and NP roles are recent developments within the aged care workforce. The nurse practitioner model was an initiative introduced by the Australian government with the aim of improving access to primary health care delivery (Prosser *et al.*, 2013).

The aged care sector has a major stake in supporting job creation and workforce quality (Martin, 2007), particularly as it has been noted by policy-makers and researchers that the sector constitutes an important economic driver and employer in Australia, with an annual employment capacity of over 100,000 people (Gray & Heinsch 2009). The aged care sector is ranked amongst the top 5 sectors for employment creation opportunities in the country. For example, the Strategic Workforce Advisory Group's (2012) forty-year workforce forecast of the care workforce proposed that over 13,000 new employees will be required annually to join the aged care sector workforce. The 2016 census revealed there are 235,000 employees in the sector, of whom 151,000 provided direct care services (Mavromaras *et al*., 2016). The balance includes management, administrative and ancillary services (gardening, cleaning, and hospitality). WA accounts for 8.9 per cent of the direct care workforce, and its share of the national workforce has been slowly increasing. Direct care employees include nurses, PCAs and AHAs. The share of PCAs has steadily increased since 2003, with them now accounting for 70 per cent of the direct care workforce. In contrast, the share of nurses has declined from 34 to 25 per cent over the same period. The trend since 2003 is towards a growing share of PCAs and a declining share (and number) of nurses and allied health professionals. The implication is that the increased demand for aged care services is being met through the employment of additional care assistants, while nursing and allied health workers numbers are being reduced.

The 2016 industry census reported that the characteristics of the residential care sector workforce were: predominantly female (87%); median age 46 years; 70 per cent were PCAs; 32 per cent were born overseas; 78 per cent were employed on a permanent and part time basis; 10 per cent of the workforce were casual or contract employees; 80 per cent of assistants were engaged in work-related training (mostly mandatory) in the previous 12 months and 58 per cent of assistants undertook Continuing and Professional Development (CPD) (Mavromaras *et al.*, 2016). The average age of the workforce in the sector is declining, with Mavromaras *et al.*, (2016) reporting a reduction in the average age of the workforce from 48 to 46 years between 2012 and 2016. One quarter of the total residential aged care assistants were under 34 years of age, but 45 per cent of recent hires in the sector (within the previous 12 months) were from the under 34 years age group. Apart from the growth in its ageing population, Australia is significantly multi-cultural, with over 30 per cent of the population born

overseas, and this multi-cultural diversity is reflected in both aged care residents and their carers (Goel and Penham, 2015). One quarter of aged care facilities catered for residents from specific ethnic backgrounds. Around 30 per cent of PCAs were overseas-born, in common with approximately 40 per cent of new hires in the sector (Mavromaras *et al*., 2016, 18). The Philippines, India and China contribute a significant proportion of the overseas workforce within the aged care sector, especially in temporary or part-time PCA positions (Xiao *et al*., 2013).

Table 3 **Direct care employees in the residential aged care workforce, by occupation: 2003, 2007, 2012 and 2016 (estimated headcount and per cent)**

Occupation	2003	2007	2012	2016
Nurse Practitioner (NP)	n/a	n/a	294 (0.2)	386 (0.3)
Registered Nurse (RN)	24,019 (21.0)	22,399 (16.8)	21,916 (14.9)	22,455 (14.6)
Enrolled Nurse (EN)	15,604 (13.1)	16,293 (12.2)	16,915 (11.5)	15,697 (10.2)
Personal Care Attendant (PCA)	67,143 (58.5)	84,746 (63.6)	100,312 (68.2)	108,126 (70.3)
Allied Health Professional (AHP)*	8,895* (7.4)	9,875* (7.4)	2,648 (1.8)	2,210 (1.4)
Allied Health Assistant (AHA)*			5,001 (3.4)	4,979 (3.2)
Total number of employees (headcount) (%)	**115,660 (100)**	**133,314 (100)**	**147,086 (100)**	**153,854 (100)**

Source: Census of residential aged care facilities (weighted estimates).
*In 2003 and 2007 both of these categories were combined under 'Allied Health'.

Source: Mavromaras *et al*. (2016), 13.

Table 4 **Full-time equivalent direct care employees in the residential aged care workforce, by occupation: 2003, 2007, 2012 and 2016 (estimated FTE and per cent)**

Occupation	2003	2007	2012	2016
Nurse Practitioner (NP)	n/a	n/a	190 (0.2)	293 (0.3)
Registered Nurse (RN)	16,265 (21.4)	13,247 (16.8)	13,939 (14.7)	14,564 (14.9)
Enrolled Nurse (EN)	10,945 (14.4)	9,856 (12.5)	10,999 (11.6)	9,126 (9.3)
Personal Care Attendant (PCA)	42,943 (56.5)	50,542 (64.1)	64,669 (68.2)	69,983 (71.5)
Allied Health Professional (AHP)*	5,776* (7.6)	5,204* (6.6)	1,612 (1.7)	1,092 (1.1)
Allied Health Assistant (AHA)*			3,414 (3.6)	2,862 (2.9)
Total number of employees (FTE) (%)	**76,006 (100)**	**78,849 (100)**	**94,823 (100)**	**97,920 (100)**

Source: Census of residential aged care facilities.
*In 2003 and 2007 both of these categories were combined under 'Allied Health'.

Source: Mavromaras *et al*. (2016), 13.

While PCAs have increased their share of the residential care workforce on a headcount and FTE basis, the share of nurses and other health professionals has declined. The growth in PCAs shown in Table 3 contrasts with the decline in the FTE of PCAs in Table 4. This also suggests that the average hours of employment have declined, through a growing part-time employment share or reduced working hours.

Personal Care Assistant (PCA)

Over two-thirds of all people working in the sector are PCAs with their numbers increasing from 67,000 people to over 100,000 in the past 10 years (Australian Skills Quality Authority, 2013). Conversely, the number of nurses working in the care sector has increased at a slower rate and the share of the workforce held by RNs has decreased, with them comprising less than one-third of the total workforce. This trend is expected to continue, and by 2020, it is estimated that only a 14 per cent increase in employment will occur in the aged care sector, compared to a 56 per cent increase in demand for aged care services. This will lead to more unskilled and semi-skilled workers in the sector as filling client demand will become the number one priority (Theophanous, 2014). The DoHA has predicted numerous challenges will arise from this under-qualified workforce attempting to meet the demand for aged care, Including attracting and recruiting qualified people as well as retaining experienced workers (DoHA, 2012).

The aged care workforce in both residential and community facilities in Australia is also aging. Consequently, there are likely to be challenges in maintaining an adequately skilled workforce owing to the skill shortages - especially among registered nurses, enrolled nurses and nursing practitioners (Radford *et al*., 2015; Kaine, 2009). The aging workforce has implications for both the demand for care services and the supply of aged care workers. With regard to qualifications, the Australian aged care workforce has one of the highest levels of post-secondary education qualifications, especially among RNs, but amongst the lowest with respect to PCAs. Multiple job holding is becoming a noticeable feature of the aged care workforce, as a significant proportion (14%) are engaged in either similar positions or other jobs. Volunteers currently contribute significantly to the total work output in aged care. The number of people engaged through the agency work model in residential care facilities across the country has also increased with agency workers becoming an important feature.

Conditions of employment in the aged care sector

The aged care work setting is shaped by many factors - not only the personal attributes and skills of the workforce. There are also considerable levels of change occurring in aged care employment settings with greater flexibility in working arrangements evident over the last few years (Harris *et al*., 2010). Harris *et al*. (2010) argue that globalisation and technological advancement, coupled with increasing competition, is driving the desire for more flexibility in working arrangements in the aged care sector – in common with other sectors. In particular, the desire of contemporary employees to seek work-life balance is also contributing to increases in flexible working arrangements (Harris *et al*., 2010).

Employment flexibility has become one of the major 'bones of contention' between employees and employers in the aged care sector. Working arrangements within the aged care sector have recently shifted from casual contracts to a predominance of permanent part-time contracts. There has been a strong trend towards permanent part-time work among PCAs in the sector. Mavromaras *et al.* (2016, p. 25) indicate that the share of permanent PT workers was over 80 per cent in 2016, up from 74 per cent in 2012. At the same time, the casual or contract share declined from 20 to 10 per cent. In terms of shifts, Mavromaras *et al*. (2016, 26) suggest that between 2007 and 2016 these have remained stable across PCAs. Around one half of PCAs have a regular day-time shift, and only 8 per cent have on call and irregular schedules. The 2016 survey revealed a mismatch for PCAs (see Mavromaras *et al.*, 2016). In general, the evidence was that their working hours preferences were not matched – their preference being for longer hours. The other interesting finding was that approximately 40 per cent of PCAs were working full-time hours, even though 80 per cent were on permanent part-time contracts. This might be attributed to either multiple jobs with different employers in the sector, or extra hours worked at the same workplace to replace absent workers.

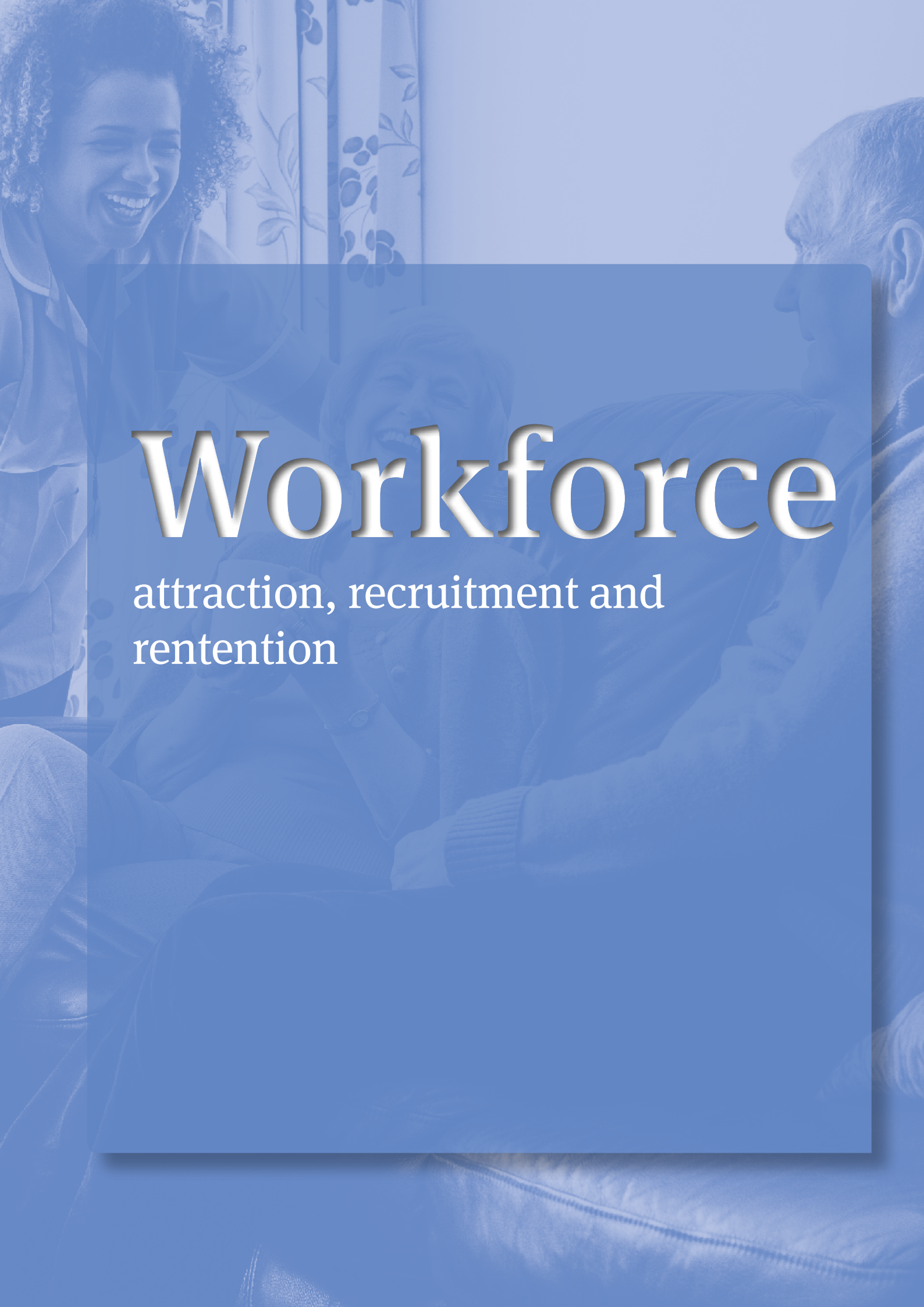
A survey of policy makers across the different Organisation for Economic Co-operation and Development (OECD) countries reported that in 2009-10 Australia had a limited number of measures, such as recruitment, funded training, and career creation in place for the support of the aged care workforce (Colombo *et al*., 2011). Since then, a number of measures have been developed to help with the funding and health of the workforce. For example, HWA offers funding for innovative workforce models in residential care (HWA, 2010). Funding can also be accessed through the DSS that offers training grants and scholarships for care workers and enrolled nurses (CEPAR, 2014a). Providers may also be funded to improve the quality of their services, for example, Teaching and Research Aged Care Services (TRACS) combines caring for older people with educational research and clinical care (CEPAR, 2014b).

Job satisfaction and job security among aged care workers tends to be relatively high, but varies slightly among different occupational groups in both residential and community aged care facilities (Martin, 2007). High levels of job satisfaction have been associated with the potentially rewarding nature of the work. However, et al. (2015) point out that, in their study of female aged care workers in the UK, specific economic, family and labour market circumstances shaped women's acceptance of many of the poor quality aspects of care jobs. There are also significant variations in actual work hours and preferred work hours among the different occupational groups. These mismatches in actual and preferred work hours suggests there may be under-utilisation of PCAs and allied health workers.

The aged care sector in Australia is characterised by limited pay advancement opportunities as well as low pay levels and, as such, directly threatens employee performance, productivity and retention imperatives. The wages received by care workers have been widely perceived as low, combined with limited allocations of preferred working hours (King *et al.*, 2012). According to the Department of Health and Aging, the major impediment for the attraction of the aged care workforce is the lack of social status and poor wages (DoHA, 2005). In this regard, the Productivity

Commission (2011) has focused much attention on fair wages and better conditions of service as a strategy intended to promote the retention of a qualified and dedicated skilled workforce.

Attraction and recruitment recommendations aim to target specific groups, with programs designed around attracting young graduates, people who have previously worked in similar positions, women re-entering the labour market, and aged care employees wishing to work full-time. Retention strategies, on the other hand, strive to demonstrate the value of current and potential aged care workers through financial means, as well as providing them with training, career progression and supportive environments where they feel safe to work, flexible work patterns and recognition.



Workforce

attraction, recruitment and rentention

Section 3: Workforce attraction, recruitment and rentention

Recruitment challenges

The Productivity Commission (2011) directed national attention to the age care workforce challenges that were likely to arise in the near future. The Commission provided two fundamental recommendations toward the building of a robust aged care workforce. First, training more health and aged care personnel to improve quality health care delivery; and second, the need to attract and retain a highly skilled and qualified health and aged care workforce to meet the contemporary care needs of aging Australians.

Within the next two decades, as discussed earlier, skilled labour shortages in the Australian aged care sector are forecast (Connell *et al*., 2015); highlighting the significance of aged care workforce attraction and retention. Gao *et al*. (2014) suggest that aged care workforce attraction and retention is an ongoing challenge for residential and community aged care facilities. A number of factors including: low wages, stress and lack of career development opportunities, amongst others, are contributing to the care workforce turnover and the relatively unattractive image of the sector. King *et al*. (2012) found skilled shortages among registered nurses in both residential and community aged care facilities. However, there is evidence of excess capacity or under-utilisation of PCAs and allied health assistants as well. The under-utilisation of some areas of the aged care workforce could be a major disincentive to potential recruits wanting to develop their careers in the sector.

One of the primary difficulties faced by the aged care industry is the lack of suitably qualified applicants to fill each position. A Department of Education, Employment and Workplace Relations report (DEEWR, 2012) estimated that competition for registered nurse vacancies in the RAC industry was around 4.1 applicants per single vacancy and 1.8 qualified applicants per vacancy. PCA positions had 5 applicants per vacancy and 1.6 qualified applicants per vacancy, with the most common reasons for such shortages being a lack of specialist knowledge, the geographical location of the facility and the relative slowness of the recruitment process. Furthermore, DEEWR (2012) found that about 16 per cent of aged care facilities noted that staff costs were too high for them to employ the workers they wanted, and 20 per cent claimed that the reason for staff shortages was due to a lack of training. The recruitment of qualified staff is a growing challenge for the aged care sector and is likely to become even more challenging given that the number of aged care providers in the coming years is set to increase and competition for staff to become even more difficult. The costs of recruiting staff, especially in rural and remote areas, are high and there is already a skill shortage (ACSA, 2015). In order to maintain a skilled workforce, aged care providers must focus on retaining their existing staff while expanding into new areas for further staff growth.

In WA, where for the early 2000s there was a tight labour market as a result of the resources boom (Sydney Morning Herald, 2012), the sector was, in general, able to meet its recruitment targets and employ a labour use model that gave it flexibility over the deployment of labour. The recruitment strategy had five elements. First, attracting mid-age women with caring experience into a care-based sector. Second, offering regular employment through permanent contracts. Third, recruiting local, drawing on women in the local area. Fourth, offering part-time work, this enabled

the women workers to combine work and family responsibilities. Fifth, offering fewer hours than desired by employees, this allowed the organisation to vary hours to meet absences and turnover.

A report on worker retention found that aged care providers mainly comprise 'mid-life women' who reportedly have a high retention rate (Austen *et al.*, 2013). The sector has experienced substantial success in recruiting and retaining women aged over 45 years and, as such, it is recommended that they continue to aim recruitment drives at older, female (and male) workers. In addition to developing recruitment strategies targeting the older workforce, the sector can also improve its recruitment by appealing to less traditional workers, such as students. It may be able to capitalise on the current short-term oversupply of graduate nurses by creating programs where mentoring, support, professional development and career progression are offered for young student nurses. Partnering with the hospital sector to seek out potential graduate nurses will also assist future workforce growth (ACSA, 2015). Aged care providers are also recommended to seek out potential workers by appealing to school students through traineeships and work experience programs, thus ensuring a future supply of workers.

Rynes and Barber (1990) argue that the nature of labour market settings and the attractiveness of job vacancies plays an important role in recruiting new workers into the aged care sector, while Clarke (2015) indicates the importance of perceptions of job quality. She maintains that these are influenced by individual motivations, matches between life-stage and work flexibility, as well as broader community views concerning the value of this type of work. Rynes and Barber (1990) identify workforce inducement, improved recruitment and the recruitment of alternative job applicants as potential strategies to enhancing the attraction and recruitment of a talented and skilled aged care workforce. Job redesign and workforce retraining may also be effective in addressing the aged care workforce skilled shortages (HWA, 2012).

Organisational credibility equates to a focus in human resource literature on being an employer of choice as a key attraction and retention strategy (Compton et al., 2014). There is evidence that the benefits of being known as an employer of choice are recognised by the aged care sector in Australia, with key aged care organisations, such as Aged and Community Services Australia (ACSA) and Leading Aged Services Australia (LASA) presenting awards to employers of choice at their respective national conferences. Organisations which are the recipients of these awards publicise them in prominent locations on their websites and in other marketing materials. The benefits afforded to those employers include enhanced marketing opportunities, recruitment, performance, continuity, reduced turnover, increased morale, loyalty and organisational citizenship (Compton *et al.*, 2014).

Employee benefits have been credited in human resource management literature to be one of the most effective means of employee attraction strategies in contemporary business settings. Offering new applicants improved conditions of service such as flexible working arrangements, career development opportunities, increased salaries and medical care can enhance an organisation's attractiveness (Zeytinoglu *et al.*, 2006). In their study of how to attract young nursing graduates into the aged care sector, Robinson *et al*. (2008) identify student orientation as an important driver

for the attraction of nursing graduates into the aged care sector. Likewise, much of the nursing literature on aged care indicates the importance of nurse placements in relation to aged care recruitment.

Coleman (2006) suggests that collaboration is key to addressing quality aged care provision, with a shift in emphasis towards working collaboratively with service users and carers, as well as a multidimensional and multidisciplinary approach to care provision. This means that the education of all healthcare practitioners working with older people is vital. Providing nursing graduates and PCAs with well-structured and organised orientation programs can help to develop positive and supportive aged care work settings to attract and retain employees (Robinson *et al*. 2008). Similarly, Chenoweth *et al*. (2009) found that organisations that promote positive philosophical values and support workplace learning can better attract and retain a qualified and talented aged care workforce.

Workforce retention: Relevant factors for the aged care sector

The rapid increase in the level of dependence among residents in both community and residential aged care facilities over the last decade, coupled with an aging aged care workforce, prompted the Productivity Commission (2011) to suggest that meeting future aged care service demands will depend largely on building and retaining a strong aged care workforce. There are complexities in the retention of the aged care workforce however, which stem from the fact that workers' intentions to stay in the sector are influenced by organisational, personal and professional factors (Harris *et al*., 2009; Howe *et al*., 2012). Similarly, there is evidence to suggest that organisational and workplace factors, coupled with individual social and demographic factors, are the main influences on employee retention programs (Zeytinoglu *et al.*, 2006).

Hirsch (2003) argues that mid-life employees have a strong preference for work-life balance; thus, the aged care sector must offer more flexibility to accommodate employees' professional, family and workplace changes. One way of increasing recruitment in the aged care sector is to address the under- and over-utilisation of some occupational workforce groups. Permanent rather than part time employment conditions could potentially be effective in enhancing workforce attraction and retention. Van den Heede *et al*. (2013), Zeytinoglu *et al.* (2006) and Force (2005) identified contextual factors as an important driver for understanding health care workforce attraction, recruitment and retention. Force (2005) found job autonomy; empowerment and transformational leadership styles were organisational factors that enhanced the retention of health care workers. Thus, providing flexible pathways through which the aged care workforce can have access to ongoing training opportunities may improve the attraction and recruitment of workers into the aged care sector. This underlines the significance of collaboration between the major stakeholders in the education and health care sectors to ensure it is properly coordinated and implemented (Kroezen *et al.*, 2015), while attempting to ensure that quality health care delivery is maintained and that workers also have the opportunity to upgrade their skills and advance their future career prospects.

The Productivity Commission highlighted basic pay and conditions, and training as being important components of an effective attraction and retention strategy for the sector: 'paying fair and competitive wages, improving access to education and training, developing [well-articulated] career paths and better management, extending scopes of practice, and reducing regulatory burdens' (Productivity Commission, 2011, p. 347). Appropriate staffing levels, skills mixes and remuneration arrangements that compare equitably with other industries need to be funded by developed government policies with user pays/means tested strategies planned (Productivity Commission, 2011). Aged care providers reported financial constraints to the Productivity Commission which 'hindered their ability to develop capacity and to support professional development, particularly as this requires giving employees paid time off to undertake education and training activities" (Productivity Commission, 2011, p. 375). Providers of aged care stated that this problem 'is exacerbated in rural and remote areas where it can be difficult (and/or expensive) to find substitute staff and there are substantial costs associated with sending an employee to another location for training. For many in the rural and remote workforce who have family and/or community responsibilities, travel to undertake training can be exceedingly difficult' (Productivity Commission, 2011, p. 375).

Turnover is also a major concern for both residential and community aged care, with Martin and King (2008) reporting that one in four personal care workers spend less than a year with their current employer. They claim that turnover in RAC is one third higher than the health care industry as a whole, and slightly higher than that in the general economy. According to King *et al*., (2012), around 9 per cent of all residential workers and 8 per cent of community staff were actively considering leaving the industry or seeking a new job in 2012. The 2016 industry report suggested that recruitment and intention to leave pressures had subsided since 2012 (Mavromaras *et al*., 2016).

Residential workers reported dissatisfaction with total pay as their main reason for wanting to leave, with other areas such as lack of support, job security, working hours and flexibility also influencing this intention. Community workers similarly noted dissatisfaction with pay, but in comparison to residential staff, they were more satisfied with their overall job. These findings were consistent with other research, such as that undertaken by Radford *et al.* (2013), who found that support and job-embeddedness were all indicators of intention to stay or leave, with community care workers more likely to stay than residential care workers.

The retention of skilled workers has also been linked with training, career development, job satisfaction and job status. Workers in the aged care sector are committed to the caring of their clients, and satisfaction with their job is generated by the work they do and whether they feel they are capable of carrying out the work in an efficient and productive manner (ACSA, 2015). In the RAC, employees are provided with regular training to ensure confidence in their ability to meet the demands of their clients. However, it was found that PCAs were less satisfied by the respect they received from their employers (King, *et al*., 2012), with the main area of concern being the lack of time allocated to spend with their clients (Martin and King, 2008). CAC workers were also more satisfied with work life balance, teamwork and the actual work itself when compared with RAC workers (King *et al*., 2012).

The industry report for 2016 included 100 interviews with PCAs on the factors that attracted them to the job, key retention factors, the conditions of the work they found attractive, and the conditions that they found challenging (Mavromaras *et al.*, 2016). The key findings (pp. 134-135) were that:

- Motivations for choosing to enter aged care included a direct interest in the work, job availability, flexible working hours and the potential for future healthcare employment.
- Positive aspects of aged care work included good relationships with clients, making effective use of skills and training, and having autonomy and task diversity.
- Workers reported difficulties in their aged care work, most commonly high workloads and levels of administration. Unsatisfactory working conditions, client care issues, and challenging relationships with managers and co-workers were also reported.
- The majority of respondents wished to remain working within aged care in their current role.
- Most workers had extensive responsibilities outside of their aged care work, most commonly caring for children and elderly parents.
- Three emergent themes were raised in the interviews relating to the aged care sector. These were - reforms and funding, staffing levels in residential facilities, and negative perceptions of aged care work.

The retention of aged care workers is often determined by the first year of employment, and it is therefore recommended that aged care agencies provide formal programs, such as mentoring and structured training to assist new employees in adjusting to their roles and surroundings. Offering a mentoring program can also help to ease new staff into the job, while at the same time recognising the value of having experienced workers to assist in the induction process. One of the key areas of retention is through career pathways that help prepare workers currently and in the future. In achieving the sector-wide promotion of career development opportunities there are a number of strategies that can be implemented. These include developing clear pathways for progression by highlighting the courses and qualifications necessary to meet current and future needs, working with training organisations to ensure that the skills needed for staff to work across the aged care sector are enabled, and creating pathways between community and residential services (ACSA, 2015).

Another retention option includes having flexible rosters and work schedules to assist those workers who also have personal caring and family responsibilities outside of the aged care sector. Further, developing structured career paths may include offering full time work for those individuals who wish to make a career in aged care. Finally, providing workers with health and wellness activities, and developing plans to and transfer skills, knowledge and abilities will undoubtedly assist retention. The literature suggests that there is a significant mismatch between the actual and preferred working hours of aged care workers with many wanting more working hours. Hence there is a need to, address this mismatch to assist in retaining aged care workers in the sector.

Organisational responses – What can aged care organisations do to attract and retain staff?

There are concerns among aged care service providers about the capacity of the sector to retain a skilled workforce needed to meet the rising demand of care services (Howe *et al*., 2012). Organisational responses to the current aged care workforce settings must address three main areas: aged care financing/funding, workforce attraction, and the recruitment and retention of a qualified and skilled workforce. It is recommended that these four issues be at the forefront of strategic planning and decision making for both policy-makers and aged care services providers.

Howe *et al*. (2012) developed a dual-driver model as a way of reconceptualising aged care workforce intentions and retention in Australia. They find that turnover in the aged care workforce originates from diverse sources, and is disproportionately generated between community aged care facilities and residential care facilities. Understanding of the turnover patterns within the aged care workforce may be a result of ineffective management retention policies and practices. Moreover, policy-makers and care service providers need to reconsider their health care training programs to meet the shifting requirements of contemporary aged care needs. Building a skilled, talented and dedicated care workforce must be supported by effective workforce retention strategies as well as the training of more aged care professionals (Connell *et al.*, 2015).

There is considerable evidence to suggest that immigrant workers constitute over 28 per cent of the workforce in the Australia's aged care sector and are likely to remain an important source for future recruitment (Goel and Penham, 2015). However, Xiao *et al*. (2013) argue that there are regulations at the healthcare institutional level that impede the integration of migrant healthcare workers into mainstream health care delivery systems in Australia, for example, the recognition of prior experience and credentials. The improved ability of healthcare institutions in Australia to promote multi-cultural teams may help to strengthen the integration and adaptation of immigrant healthcare workers into the Australian care sector.

Using a job quality framework, Montague *et al.* (2015) demonstrate that organisations can constructively apply HRM programs to support and retain staff, suggesting "structured" HRM programs are effective in increasing staff retention and commitment. First, permanent part-time arrangements enhance job security and attachment to the organisation. These arrangements also support work and family management. Second, in the context of a caring industry that is moving towards large patient-to-staff ratios, this is a natural response to a competitive environment. However, it comes at a cost in terms of the quality of care and the commitment of employees. Third, intrinsic job quality is important and this encompasses supervisor support, the utilisation and recognition of skills, and a positive working environment incorporating good relationships with managers, co-workers, patients and their families. Improving intrinsic job quality cannot be legislated for, but it does provide an opportunity for care providers to develop and support a working environment that increases employee retention and commitment. A study conducted by Sjögren *et al*. (2013) also emphasises the importance of intrinsic work factors, finding that where staff experienced balance between their work demands and the control of their work they could offer improved care in residential aged care services.

The Department of Health and Aging can also make an important contribution by expanding the role and skills of various occupational groups (Nurse Practitioners, Enrolled Nurses, allied health professionals and PCAs) to attract and retain a strong aged care workforce. Other important and promising areas that may improve the retention of the care workforce include: workforce empowerment; staff and supervisor support; training and career development opportunities (Chenoweth *et al.*, 2009). Chomik and Piggott. (2015) recommend that workforce retention measures should not only be limited to financial packages. They recommend that such measures should also include the recognition of one's contribution to organisational development and other support programs, such as, flexible work arrangements, work-life balance opportunities and training and career development programs. Moreover, offering more flexible work arrangements' may also be an important factor in attracting the already ageing aged care workforce (older workers) to stay in caring work longer.

Radford et al. (2015) observe that flexible work arrangements may constitute major incentives to attract and retain older workers. Their study found that employee job- embeddedness and support from supervisors were predictors of personal care workers' intentions to stay within the aged care sector. Likewise, Keane *et al.* (2011) suggest that improving and creating more career advancement opportunities and supporting the workforce to acquire new skills may help attract and retain the qualified aged care workforce. The changing care landscape and the rapid growth of the aged care sector in Australia are also likely to create new opportunities and working arrangements. Kroezen *et al*. (2015) suggest that organisations in the health care sector need to develop comprehensive attraction and retention intervention programs which cut across diverse areas such as health, employment and education. They argue that an organisation's capability to provide a package of attraction and retention intervention programs delivers greater impact on health care workforce attraction and retention opportunities than when such programs are implemented in a fragmented manner. Organisational commitment has also been shown to play a major role in aged care workforce attraction and retention, and can provide the support base required to implement a bundle of attraction and retention intervention measures (Kroezen *et al.*, 2015).

More importantly, aged care workforce attraction and recruitment interventions need to target generation Z workers, as well as males, who currently constitute less than 10 per cent of the total aged care workforce (AIHW, 2014). The search for alternative workers within the talent pool has become indispensable at a time when the aged care workforce is itself aging. However, this requires both policy and institutional reforms to target these groups. Another area that needs to be addressed within the aged care sector is the significant under-utilisation of many of the care occupational groups, apart from registered nurses. Those who have left the aged care sector as a result of the limited allocation of working hours may be enticed to re-enter if working arrangements are improved to ensure that more hours are allocated. The need to attract and target third country nationals (migrant workers) into the aged care sector is another area to address in relation to current and future aged care labour shortages. Australia could take advantage of third country nationals interested in migrating here to address the skilled labour shortages within the care sector, as suggested by Goel and Penham (2015).

Montague *et al.* (2015) also highlight the importance of pay and conditions in the sector to address workforce pressures. The retention of staff may improve if wages and associated benefits were increased, according to Howe *et al.* (2012). Staff in RACs ranked wages and benefits ahead of organisational culture training, organisational culture, and the lure of other jobs from a strong labour market, 'as predictors of retention' (Howe *et al.*, 2012, p. 84). Employee benefits, according to Nankervis et al. (2014, p. 448) are 'generally focused on addressing the well-being and long-term security needs of employees and their dependents. They are essentially an add-on to base pay.' Employee benefits may include career opportunities, appropriate salaries, superannuation, work/life balance, comprehensive leave provisions, transport support and salary bonuses (Nankervis *et al.*, 2014). Working hours are also important in terms of the prevalence of under-employment since most care staff are on part-time contracts, and have roster schedules that may involve unsociable hours or compromise other commitments – here the issue of meeting work-life balance needs has been identified as important by various reports into the sector. In summary, organisations have the ability to develop and implement structured HRM programs that address basic issues such as pay and conditions, working time flexibility; job autonomy; good workplace relations between staff clients and families, as well as training access and career development opportunities (Montague *et al.*, 2015). It also needs to be recognised that although intrinsic job attributes are important in retaining and motivating staff, they need not be high cost or high maintenance programs (Montague *et al.*, 2015).

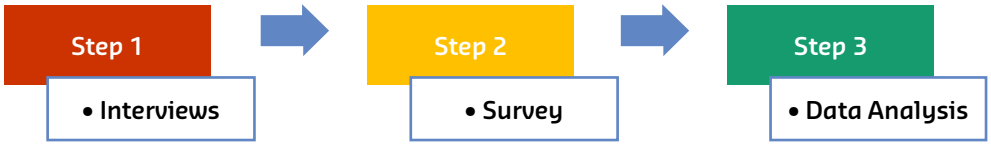
Research

methods

Section 4: Research methods

This research project aims to deliver actionable knowledge and insights into both internal and external career development scenarios for Personal Care Assistants (PCAs). The research approach involved mixed methods that incorporated a survey and interviews. Sourcing data through different methods allows for the triangulation of data and was expected to result in an extensive set of data on the challenges and approaches towards employee attraction and retention in the sector. A single organisation participated in the research project; however, it encompassed many workplaces across metropolitan and regional WA. Following the university's human research ethics approval (Permit no. # RDBS-10-16), the research followed a sequential process (Figure 1). This involved interviews with key personnel in the organisation – HR and workplace managers; a survey of employees at selected worksites; and interviews with employee workplace delegates. The research organisation is a not for profit aged care service provider (residential, community care, and retirement villages) based in WA. It has been operating for over 60 years, has 23 residential care locations in WA, and employs around 1,500 persons.

Figure 1 Equity and Energy Prices 2000 to 2014



Stage 1 Interviews with managers and trade union delegates

A total of 21 structured interviews were conducted with workplace managers from different units and union delegates between May and October 2016. The managers and executives (10 in total) were employed by the one organisation. The union delegates and organisers (11 in total) came from a number of different organisations, not just the organisation covered in the management interviews. The relevant union that participated was United Voice, whose membership covers personal care workers and a range of other staff in aged care including kitchen staff. With the consent of interviewees, interviews were audio-taped when appropriate. Interviews generally lasted from 60 to 90 minutes, and hand-written notes were taken in order to supplement the transcripts. The data was systematically coded using NVivo software which is a software package designed to assist qualitative data analysis. Analysis was undertaken in accordance with the key questions concerning attraction and retention; and the factors and conditions identified in the literature as being relevant to career development within the sector. In total, the analysis yielded seven main themes and over 60 categories or sub-themes.

Stage 2 Survey

The survey questionnaire was utilised to collect the quantitative data from aged care PCAs. The questionnaire for the survey was designed in several phases. Once the research project was approved by the ethics committee, several consultations were held with the employers and employees in the aged care sector, as well as the relevant stakeholder agencies (networks and unions). The draft survey was pilot-tested with six participants with some knowledge of the aged care sector. Based on the feedback

from pilot-testing, several changes were made to the questionnaire, particularly the sequence of questions to improve flow and length. The final questionnaire contained a total of 20 (mostly closed) questions with a provision at the end for respondents to include their comments or suggestions on the topics covered in the survey. The complete questionnaire is included in Appendix 1.

In line with the research objectives, the final version of the questionnaire aimed to collect information in four specific areas; the work and the working environment, importance of personal qualities to do the job, intention to stay or leave over the next 12 months, and individual attributes. Pre-survey consultations revealed that some of the facilities either lacked Internet access or the aged care workers would not be comfortable completing an online survey. Hence, a mail-based self-administered questionnaire was chosen as the most appropriate mode of survey delivery. This particular technique offers a low-cost means of gathering a large amount of data from potential respondents that are geographically dispersed (Yammarino et al., 1991). The survey was carried out between August and October 2016. A total of 311 surveys was sent to nine aged care facilities in WA, and 79 usable responses were received – a response rate of 20.2 per cent. The main purpose of the survey data analysis was to ascertain the factors that influence PCAs' intentions to stay or leave aged care work over the next 12 months.

Within this research the participating organisation and participating employees were guaranteed anonymity. All participants received an information sheet about the study and were asked to sign a consent form indicating that participation was voluntary and, those who participated in interviews had the right to review transcripts. The following section reports the analyses of the data collected.

Interview

results

Section 5: Interview results

Aged care managers perspectives

Ten Aged Care Services managers were interviewed for the project, including three executives, one area manager (Perth), and six residential facility managers. All interviews took place in May 2016. The three executive managers are responsible separately for residential aged care (RAC), human resources, and training. The Area Manager is responsible for seven RACs and respite care in her area; together with the overall management of the catering, cleaning and laundry operations and 'complex human issues, everything from emotional to physical'. Their perspectives included the level of PCA shortages, the nature of their jobs, sectoral demographic issues and employment conditions; and a range of human resource management (HRM) practices associated with PCAs, including attraction and recruitment, selection processes, training and development, performance management, rewards/recognition and career development strategies and techniques. A brief description of the organisation is followed by a summary of the key themes expressed by the two levels of management.

The organisation

The participating organisation offers a broad range of aged care support services (independent living, home care, residential low and high care, and secure dementia care) in facilities in the Perth metropolitan area and rural and remote Western Australia. It employs approximately 1,600 staff, including enrolled and registered nurses, PCAs - 'multi-skilled carers', physiotherapists, occupational therapists and cooks as well as around four hundred volunteers and many nursing students in training. PCAs constitute the largest proportion of paid staff – varying from between 50 to 70 per cent at particular facilities – and they are the workers with the least formal qualifications.

PCA numbers and shortages

Whilst the actual numbers of PCAs vary according to the type of care (low and high care, dementia) and the number of residents (from the early fifties to over a hundred per facility), their proportions range between 50-70 per cent of all staff. The proportion of PCAs to residents also varies between day and night shifts, with an average ratio of 1:7 during the day and 1:20 at night. All managers reported that the shortages of care workers varied according to labour market trends and government funding, and between metropolitan and country areas. Thus, the mining boom era in Western Australia increased demand and reduced supply, whilst there are ongoing vacancies in many, if not most, remote areas.

PCA jobs

PCAs require a minimum Certificate III qualification to be employed in aged care. These jobs involve a number of different responsibilities including:

- Physical labour (manual handling, showering residents),
- Limited medical responsibilities (administering medication, checking insulin levels) and
- Emotional labour (communication with residents and their families, coping with frequent deaths).

Some of the managers suggested that there are significant differences in the quality of the Certificate III qualification depending on the education providers concerned, and that they prefer to recruit only from selected providers. It is also possible to gain the qualification online. There are three levels of PCAs – namely, levels 1, 2 and 3, dependent on their qualifications and experience. However, the wage differentials between these levels are relatively insignificant. The organisation employs a capability framework based on a national skills framework as the foundation for PCA job descriptions.

The RAC managers generally agreed on the nature of the multi-skilled carer role, with some more specific than others. Responses varied, as below:

> *'all the core processes' and 'just day to day seeing each person in their living environment', to 'mostly assist people with the activities of daily living, dressing, washing, showering, helping with meals and drinks, medication, toileting and changing incontinence wear', and 'a combination of quite a physical job to the other major aspect (which is) the emotional support...carers can only care for other people if you care for them'.*

An illustrative comment, from the Area Manager, was that aged care

> *'is the Cinderella service of health care though and it always has been'.*

Demographics and employment conditions

All managers agreed that the PCA workforce is ageing and largely feminised – *'to fit in the hours with their families and children'*. The average age of PCAs is notably higher than in most industries – between 52 and 53 years - with some in their sixties and seventies. One RAC manager, for example, indicated that a small proportion of carers are over sixty years of age, with one still working at the age of 82 years. They are also predominantly female and representative of the multicultural workforce. The majority of PCAs come from non-Australian backgrounds, and include migrants from the Philippines, India, Africa and Sri Lanka. The finance manager explained:

> *'we're just not attracting Australian people into the industry at all'.*

One RAC manager explained that the diversity of PCAs' multicultural backgrounds is a mixed blessing. Whilst residents are also increasingly diverse in their backgrounds, the two don't necessarily match each other – *'we have a lot of residents, particularly the female residents, who do not like certain nationalities'.* Few sites employ male carers (six overall), and then only in very small numbers. Most (nearly 80 per cent) of carers are employed on a permanent part-time basis. PCAs usually work 20 hours a week (sometimes 20 hours a fortnight), or up to 30 hours, on mutually agreed shifts, and generally have permanent part time employment contracts. As one manager explained, *'we never really offer permanent part time to PCAs...we are actually reducing hours over the next financial year...PCAs are feeling unsettled and vulnerable'.* There are only a few on casual contracts. Casual workers are only used to cover absences, and most facilities keep details of casuals on call for such emergencies. In remote locations there are some carers on full time conditions, but generally *'full-time is very hard to get because of the hours that are available to work'.*

The RAC and HR managers suggested that many PCAs prefer permanent part-time conditions for three reasons – first, it suits their personal responsibilities as carers of their children and/or ageing parents; second, because it allows them to undertake 2 parallel jobs (20 hours x 2 = 40 hours); and third, because $15,900 of their wage from each job is tax-free if they are employed by a public benevolent institution (PBI). As a result, under Australian Taxation Office provisions, this can significantly increase their 'take-home' pay.

Consistent with the executive managers' responses, most RAC managers reported that PCA turnover is relatively low. The Area Manager's data indicated an annual turnover rate of 19 per cent in her area, compared to the sectoral average of 30 per cent, with only 9 per cent in March 2016. Between 20-33 per cent of the carer workforce belongs to the United Voice union.

Attraction and recruitment processes

The PCA job is not perceived as attractive by many in the labour market, despite attempts by government and aged care agencies to promote its benefits. The physical, para-medical and emotional demands within a low pay environment, combined with limited career opportunities are difficult to sell to prospective applicants. The organisation uses a range of external recruitment agencies (principally, SEEK); its own website; internal transfers; students on placement, participation in local fairs and field days (remote area vacancies), employee referrals, walk-ins, and (limited) 457 visa applicants to fill vacancies. That said, the use of particular techniques varies according to the extent of the need, city versus remote locations, and RAC managers' preferences. One manager noted a positive trend in recruitment: *'at the beginning of my time recruiting care workers was very difficult, and those we were recruiting were difficult to retain…unreliable, unskilled, poor English…it's got better actually…I'm getting two hundred applications for every multi-skilled carer vacancy now'.*

Selection criteria and techniques

All managers stated that the completion of the Certificate III in aged care was a desirable requirement for PCA jobs. Students undertaking a placement during their studies are actively monitored for their potential to become PCAs. One manager suggested that there are two basic kinds of PCA applicants:

> *'someone who has looked after mum and dad and who loves caring… and those who choose it as a career and who can be in charge…run a team'.*

Following the attraction process, a variety of selection techniques are employed, including interviews; reference, police and medical checks; followed by a three-month probation period which may be extended if necessary. No practical tests or mandatory work sampling activities are employed. A 'comprehensive' orientation process, coupled with a compulsory three-month probationary period are used. This involves some online training, together with informal feedback from supervising nurses and colleagues including support through a 'buddy system' for a limited period. The criteria reported by managers included:

'a caring attitude... fairly empathetic...the ability to work in a team and accept that people aren't the same...there's a tendency to be fairly judgemental and so you have to try not to do that'- compassion and drive for what you're doing... 'Somebody who picks up things well, who can be adaptable and flexible...the rest you can teach people'

Other comments included *'interest and willing to learn', 'reliable and punctual', 'genuine interest in the elderly', 'conflict-resolution skills, follows policies and procedures', but also 'as a carer you can't make decisions'.* Some managers also mentioned that applicant 'convenience' features, such as proximity to the facility and parallel caring responsibilities for children or older relatives are also possible selection factors.

Training and development

The organisation appears to have a broad range of training options (some compulsory and others voluntary) which are structured within an annual training calendar, and apply to all PCA levels. The development offered can potentially assist in the progression of PCAs to enrolled nurse roles (with the requisite qualifications), as well as facility management over time. Students can also undertake work placements from 16 years of age, although *'they can't do personal care'* (RAC manager). There is a succession management policy based on the capability framework which can link to a leadership program, and an associated 360-degree performance review tool.

As client progress notes and resident medication charts are only recorded on electronic tablets, in a program called iCare, PCAs need to have basic information technology skills. Types of training content available to PCAs include Word skills; medical functions, such as senior first aid, simple wound care, heat pads, CPR, checking blood pressure and blood sugar; clinical applications such as continence, feeding, personal care, fire training and workplace health and safety; and workplace issues such as teamwork, bullying and harassment. Many of these are self-learning programs offered through online 'toolboxes'.

Typical comments from the managers on the effectiveness of the organisation's training regimen include: *'training is part of our life, even in the corporate office...'we do everything...an incredible amount of training every year...'*

There is also a range of support and mentoring systems offered, including the orientation and initial buddy program, ongoing teamwork and supervisory feedback.

Performance management

Team leaders conduct formal PCA appraisals annually, with complementary informal reviews taking place from time to time as well as development and/or disciplinary processes. Staff are invited to participate in bi-annual surveys where the response rates average around 60-65 per cent. The surveys are conducted by an external service provider.

Rewards and recognition

According to both the union and the HR manager, the organisation is the highest paying aged care agency in Western Australia. Apart from the base wage of between $25-27 an hour, and the taxation advantages discussed previously, weekend penalty rates are paid, depending on whether they are at level 1, 2 or 3. Level 1 represents the basic stage on completion of the Certificate III; Level 2 is usually achieved after six to twelve months' experience; and Level 3 is the supervisory level. One manager explained that the difference in pay between levels is approximately fifty cents to a dollar an hour.

There is a range of (limited) incentives also available for PCAs. For example, employees can receive small individual rewards for referring new job applicants, for acting in supervisory positions or undertaking mentoring and training activities. However, the latter responsibilities are usually only available for experienced PCAs.

In addition, a new initiative from the HR manager referred to as *'the Scorecard'* results in a type of 'dashboard'. Here information is collected on key performance data in relation to attendance, attraction, turnover and injury rates at each workplace both monthly and annually. Teams may be rewarded with monetary bonuses which can be used for any agreed purposes. There are also awards for excellence for both individuals and teams, including Employee of the Month; and social recognition events such as birthday celebrations, multicultural food days, dress-ups, theme days, 'Funky Fridays', massages and 'pamper parlours'.

Additional benefits include salary sacrificing and paid work uniforms. There were significant differences of opinion between managers as to whether the pay was appropriate:

> *'the organisation pays very well. It's the highest paying organisation...a sense of pride'*
>
> *'(Pay) could do with looking at actually assessing them in the workplace, and they go through a bar...they've completed so many competencies'*
>
> *'I don't really think (the motivator) is money. I think carers like to be cared for...a warm caring environment...welcomed when they come to work...part of a team...treated fairly'.*

Non-monetary rewards include recognition in the form of each facility nominating an Employee of the Month/Year and organisational excellence awards.

Career paths

Whilst the opportunities for PCAs to progress their careers are limited, there are both horizontal and vertical pathways which some chose to undertake. Apart from acting positions as supervisors, mentors and trainers, and up-skilling options; some PCAs have been supported (financially and emotionally) to retrain as Enrolled and Registered Nurses. However, the HR manager suggested that funding support for such development activities from both state and federal governments under the Aged Care Funding Instrument (ACFI) has declined significantly in recent years. One innovative

strategy mentioned by one of the managers is the local Start-up Community West project which represents an attempt to address long-term unemployment by retraining job seekers as PCAs.

Whilst career opportunities for PCAs are relatively limited, some appear unwilling or unable to take advantage of them, for personal reasons and/or due to conflicts in balancing work-life issues. However, there are both horizontal and vertical career pathways available and both are associated with enhanced salary levels. Horizontally, as mentioned earlier, PCAs can agree to take on more functions (job enlargement and enrichment) such as:

> *'not just testing blood sugars but also giving insulin, doing the wound care, WHS audits or checking first aid boxes'*

Horizontal development may also include relocating to another RAC facility for a period of time, doing different shifts, becoming an 'expert' in particular functional areas or a 'carer in support'; preparing training for ACFI submissions and being involved in roster planning.

Vertical career paths for PCAs are also available. Examples provided by managers included details of some PCAs who have progressed towards Enrolled and Registered Nurse roles, or to RAC facility managers through training and leadership courses, notably the Certificate IV Supervisors Leadership Course. As one manager explained,

> *'I have seen PCAs progress within the organisation to even manager level...it comes back to the person's drive for a career...opportunities exist and we are open to that...we have a succession planning program...a road map of career development.*

Finally, one manager discussed the need for enhanced career management structures:

> *'I think that improving the career structure is something that aged care needs to make it better, a more attractive sell...if you can weed out those who only want to come into the space for five minutes and those who actually want a career, you could grow those people really well'.*

New directions?

The managers were asked about possible new ways of promoting the aged care sector and PCA jobs. Many felt that the federal and state government should be more proactive in attempting to attract suitable applicants, stating there is a need to:

> *'Actually publicise it a lot, and it's got to be probably a government-driven thing. Where they're actually encouraging people to go into health care and show the benefits of it'.*

Some others added that the *'mindset'* (perspective) of aged care needs to change. One way of doing that is to make all aged care homes *'teaching'* facilities. Another is to *'build the carers'* perceptions of themselves'. One manager also raised the issue of providing childcare facilities at all sites, but noted the cost issues that would be involved.

Many of the managers interviewed felt that some of these perceptual changes would be assisted by more awareness and education on ageing issues in primary and secondary schools. Suggestions included using the Duke of Edinburgh Award to engage such students in activities/research projects associated with aged care; bringing students into the facilities on regular visits; or student placements in aged care facilities during gap years; and developing closer community links (scouts, girl guides, church groups) – *'this is home to 104 people, so how do we make this into a home?'.*

One manager who has employed school students in such programs explained that:

> *'the students arrive here thinking no, aged care is not for me. But the majority would leave saying, yes I could work in this setting'.*

Finally, the use of robotic technology for both functional and caring roles was raised by one manager – *'a trial food robot is coming…that's something that will eventually come here'.*

Aged care union delegate perspectives

All the delegates were female and were members of United Voice and had been in the aged care industry for a minimum of 10 years. They were located in the city metropolitan area (6), regional areas within 200 kilometres from Perth (4), and in a remote outback area (1). They were employed across a number of different providers, not only the case study organisation. All interviews lasted between 60 and 90 minutes. For reasons of confidentiality and anonymity each delegate's location is not identified. They all perform a variety of functions within the care sector with one being an agency worker employed on "guard" shift looking after residents at risk from self-harm.

The interviews revealed the diverse scope of the sector in terms of quality and levels of care; staffing; facilities; employment conditions; safety; and the quality of management. Within the care facilities the staffing levels are determined by activities over the day and the week. Many staff are employed on a part-time basis and supplement their income through working additional shifts or holding second jobs (Mavromaras *et al*., 2016). In the metropolitan care facilities many of the staff were students, especially from overseas, who worked while studying, or worked in the sector after graduation since they could not find employment in their preferred profession. With the ageing population and the increase in acuity, many delegates suggested that some facilities were not able to deal with the range of medical conditions that afflicted clients. These challenges were compounded by funding cuts that in turn increased workloads and generated additional tasks that delegates suggested carers were not qualified or trained to perform.

The main issues identified as being a barrier to both attraction and retention in the sector by the union delegates and one organiser are as follows:

- Insecure working arrangements, including irregular hours,
- Low pay and esteem,
- Stressful and difficult working conditions,

- The absence of a career path,
- The inability to retain young workers, and
- Workplace bullying and harassment.

Although the views of delegates do not necessarily represent the views of the union, the following quotes do shed additional insights on the above issues.

Bullying, abuse and harassment

This was reported as being fairly widespread, with PCAs being subject to verbal abuse by clients and their families, and some cases of bullying by workplace managers and supervisors. Assaults by clients were also reported as an ongoing problem. Racial abuse by clients and their families was also reported in relation to workers from Asia and Africa and was reported to be widespread. Delegates suggested that the reporting of all incidents was unlikely, as most of the (female) employees were dependent on their jobs and did not wish to engage in any procedure that could potentially affect their ongoing employment.

> *"So, it gets to the point where I think, there's no point of being here, and the unfortunate part of it is the bullies are with the management and that's one reason people don't stay at one place."*

> *"That (bullying) has brought a lot of issues at staying. Yes, just move on to another place and if that happens again there, move onto another place." "So if it's a case around behaviour in the workplace or bullying, that sort of thing, you won't get an individual to come forward because it's just too dangerous for them" "When you're in industry, particularly in dementia and high care, you are verbally abused, physically abused and you know you have to step into that role every single shift and put up with it all again for $20 odd an hour. It wears people down, people just have enough. There's only so many times you can be bit and scratched and kicked."*

Work intensity and stress

Increasing intensity of work, physical and mental effort and compliance requirements around safety and funding meant that staff were constantly performing a range of tasks, and in many cases additional tasks where there were staff shortages and absences. Burn out and exhaustion were considered to be widespread across the sector.

> *"Permanents are leaving because of the amount of work that's being given to them. They're doing more work and we're getting more work from the RNs put into the carers. So you've got a lot of work doing and seeing casuals come in and swear they'll never come back to our facilities again because of the load of work over there. Yes, so permanents, very few are there and they're going, moving on, and now it's just casuals filling in the gap. It's really bad." "Probably just not enough time to do things and you know, not enough staff or just stress? I know some girls have complained about the workload and the stress it causes them and stuff like that."*

"You're under pressure all the time and you've got to have things done before lunch, done before dinner, done before breakfast, et cetera, et cetera and you need a lot of training to be able to do that and to expect someone to do it in that short space of time is, yeah, probably a reason why there's such high turnover". "There's always work being put on the staff, no matter who you are, but there's no extra time to do it. You're not given any extra time. You've got to fit that in into your day. So if something happens on a day where there's an extra workload, something has to give. You have to miss something like emptying the rubbish bins or wiping down a sink or something. You know you have to miss something to do what the management want you to do on that particular day.

"So the main issue is the workload and time restraints within that workload and the expectations of the facility. On top of that, there's paperwork and the paperwork they say nothing is done unless it's written down somewhere, so most important. So you've got more sick leave because of stress issues. You've got more the tone of the facility is low so the morale is low. So that's what happens, and then it just has a follow on effect. Because they do say to you it's a 24 hour facility but there's always still an expectation that you'll get a certain amount of workload done in the AM shift and then the PM shift and then night shift. Of course night shift there's only like two staff members to 31 residents and in other houses there's one. So it's even harder for them at night."

Inability to retain young workers

Physical and mental stress, the lack of a career path, and poor conditions were seen as barriers to retaining young workers. Many trainees and students came through the system, but the majority moved on to places where there were employment opportunities in other industries/sectors.

"Now, if you walk around our facilities and hospitals, you can easily see that it's a lot of migrants working in health care. In Aged Care mostly its students and international students, and most of them are pursuing degrees and different courses. So, a lot of them, by the time they graduate, they're looking elsewhere for work."

"The young ones really, I mean we've seen a few come in as students to learn, like a placement, and they get that, they're young, but what you're taught in class is not the same as what [unclear] experience. So most of them get employed and then the come on the day and they just, you know, at the end of the day it's like, no, I can't do this. I don't think this is my thing, and they leave."

Then you have the young ones come in and it's just like, well we'll go there. It's the young ones that turn over a lot, you know, they come in and they can't handle the pressure, so they end up leaving basically.

But when new staff come in, a lot of them come in and I think they think that it's going to be an easy job and then they - you're there, you're teaching them and after two weeks, 90 per cent of the ones you're teaching go no, too hard and leave."

Training and OH&S

The complexity and competencies required to perform the job are increasing, largely as a result of the increasing age of clients. The training programs offered by facilities varied from a memo to comprehensive programs for which there was time release. Safety issues were also regarded as being difficult with the numbers of dementia and elderly patients increasing.

Again, the quality of OH&S training and support was regarded as uneven across the sector.

> *"... It depends who the facilities you're working in. You've got brilliant facilities with, you know, manual handling. You get all the training done. You've got all the equipment to use, and the working conditions are good. Then you've got others that training is basically a piece of paper on the staffroom table. Read it, fill some questions out and then that's training for you. Then when you come to - I mean, there's people, we are from different countries. English is not our first language.*
>
> *Now, we have other things and other residents with special needs. You get people with Motor Neurone Diseases who have dysphasia problems, swallowing. We don't even know - I didn't even know about Motor Neurone until we got a resident, and you don't even know what to do with that resident because no one's trained you or told you what the Motor Neurone Disease is.*
>
> *Now when you come to the staff room, it's full of files. Dysphasia files, you know, whatever file, medication file. We get safety, when it comes to chemicals, there's files there. So you sit there and you look around, get a [unclear] read and a lot of people don't read. They don't have time. So what have we done in lessons? Can I copy? I'm not ready. Can I copy? I just straight away copy, write my name there, get a file, where I'm supposed to tick and say we've trained that's it."*
>
> *"We do (provide training) when they first start. They've got to corporate orientation and it varies in days depending on the role. If they're a carer or clinical staff they attend orientation for four days in Perth. If they're services staff they attend orientation for two days in Perth. When they start work we have a buddy system so it's usually three or four buddy shifts depending on their experience. If they've got experience in aged care sometimes three buddies is enough but we usually buddy them until they feel comfortable to work on their own."*

Pay, status and career structure

PCAs' relatively low pay rates were exacerbated by the short hours (resulting in under -employment) and irregular hours. This led to many workers being uncertain about their weekly income levels. The flat career structures reduced incentives for additional training and did not reward service and experience.

"Within the carers, they can move from level 1 and that's somebody who doesn't have their Cert III and no experience in aged care. They will automatically go to a level 2 after 12 months, but level 2 is basically where everybody more or less stays. There's no such thing as a career path in aged care, they can't even get people. Yeah, because it's not seen as a profession. It's seen as anybody can walk off the street, like a cleaner, and just get a job. So I think that's how a lot of people feel. It needs to be recognised as an important job as a profession."

"So you're signed up as a permanent worker, you'll accrue leave, sick leave all the rest of it, but if there's no work for you this week we're not obligated to pay you anything. But you are on the roster next week - you're expected to be there because you've got a permanent work contract."

"If you're there 20 years you may be on level 3, as high as you can possibly go. You have all the responsibility because you have all the experience and yet you are on the same wages with no recognition for any further learning that you may do yourself like certificate IV et cetera or extra studies in dementia. There is no recognition in the majority of the employer groups, and you have somebody who's only been there 18 months on exactly the same wages as you. So there's no incentives for carers to really stay because there is no ladder that they can go up."

Hours and insecurity

There are a number of issues linked to working hours. Many workers are on part-time contracts and desire additional hours. Under-employment offers organisations a buffer of additional hours that can be accessed when there are staff shortages. The regularity and predictability of hours is a challenge for workers though in terms of their lack of employment and income stability. It makes it difficult for them to plan or to make commitments. Low hours also mean that workers seek second jobs and, in turn, this reduces flexibility options for organisations.

"But a lot of them are [getting], I think at most 15, 20 hours, that's all they get, and the rest just have to accumulate through calling in and send messages and say, is this shift available? They have to call in and tell them you'll grab this and that...

Everywhere else people have very low minimum hours and less have managed to revise their contracts but are actually doing very high hours. That is another big problem is people, like you said, not getting the hours and having to go elsewhere. Some people, and there's quite a few, have two or three jobs."

Variability in quality of care and services

The union-related interviews highlighted the variability in services, the different staffing models, management styles and employment conditions. It was suggested that some care facilities did not pay the award rates, employed staff on zero hours

contracts and had very high staff turnover rates. Equally, the quality of management and supervision was variable when it came to key issues such as safety, quality assurance and staffing. However, AgedCo was regarded as an industry leader in terms of pay and conditions, the quality of management and the support provided to staff in terms of such issues as training, rosters and safety.

> *"Yeah - because again it just gives them an opportunity to increase their earnings - develop themselves, yeah. Did you see the - did you notice in the budget that the aged care sector is going to be a $1.2 billion cut? That actually might be quite significant for providers like AgedCo because the funding that they are going to cut is most - is the area of most of our income. So that will be pretty interesting to see the effect that has".*

Funding problems have been attributed to the numerous challenges the aged care sector is currently experiencing. The funding cuts to the aged care sector, which are estimated to be approximately $1.2 billion, have been seen as the key contributing factor to the low level of pay, poor conditions of service, work overload, high staff to resident ratio, high turnover rate, a lack of appropriate equipment and increases in staff under-utilisation or spare capacity due to cuts in hours offered for PCAs. Moreover, the decline of low care as a result of funding cuts has now increased the complexities of care work, as many of the residents arrive in care facilities with multiple diseases which require much more specialised care and time. The current residents in many care facilities require more time and attention than before, yet the time allocation for PCAs to spend with residents keeps declining as a result of cost cutting. This can be observed in the trends concerning ratios of staff to residents in the care facilities which stands at 1:13 or more.

Summary of the interview findings

The managers confirmed the broad demographics and employment profile found in the industry. They also indicated that location and prevailing labour market conditions are important factors in attraction and retention. While part-time employment status is prevalent, it was confirmed that this has both tax advantages and work life balance attractions for many PCAs. Certificate III qualifications are desirable for job entry and a combination of qualifications and experience is required for progression within the limited career structure. The ageing aged care workforce and the attraction of younger workers were seen as ongoing challenges for the sector. Finally, there were suggestions that Federal and State governments could be more pro-active in supporting job seekers to enter the industry, and that more workplaces could enter into partnerships with training and education institutions. The union delegates confirmed the challenges in retaining young workers; the difficult employment conditions in the sector - low pay, and lack of working hours offered to part time workers; work intensification and increasing task diversity; responsibilities and stress associated with the growing financial challenges in the sector. Despite all of the challenges referred to here for PCAs there was an evident commitment to the job and to clients and a sense of job satisfaction in providing caring support services, participating in effective team work and support mechanisms within specific organisations.

Survey

results

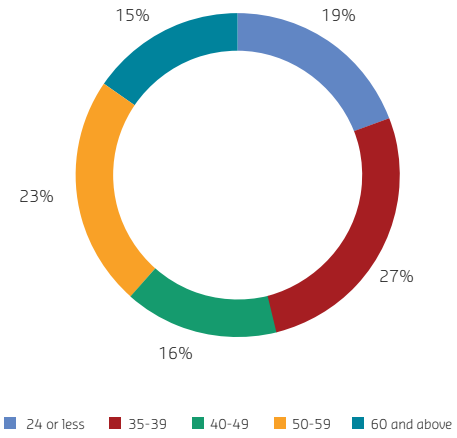
Section 6: Survey results

A survey was carried out between August and October of 2017. As indicated earlier, a total of 311 surveys were sent to the nine aged care facilities, with 79 usable responses received – a response rate of 20.2 per cent. Descriptive statistical analysis, including frequency counts, percentage, median, means and standard deviation were employed to explain the distribution of values related to characteristics of the respondents. In order to explore the association between intention to leave or stay and personal attributes, the survey data were used to construct two-by-two cross-tabulations, and a chi squared analysis was carried out in SPSS. In tables, such as this, the percentages across the columns help to interpret the association between two categories because they provide an estimate of effect (Peat *et al.*, 2008).

Participant profile

Over two-thirds (89%) of the respondents were female. Although slightly over one-quarter (27%) of respondents were between 25-39 years (Figure 2), the majority (54%) were aged above 40 years of age. The survey demographics were very similar to those found across the industry (Mavromares *et al.*, 2016) with a high female workforce share; an older workforce compared to other industries; and a high share of permanent part-time contracts. The female share of 89 per cent matched the national census and the permanent part-time share of 68 per cent was close to the 75 per cent in the national census.

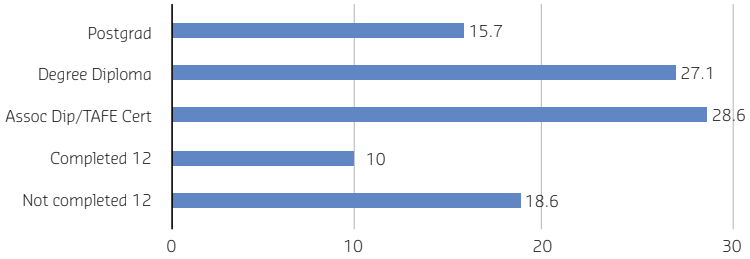
Figure 2 Age group of survey respondents



Education

Almost one-third (29%) of the respondents possessed an Associate Diploma or TAFE Certificate. As Figure 3 indicates, nearly one-fifth (19%) of the respondents did not complete year 12.

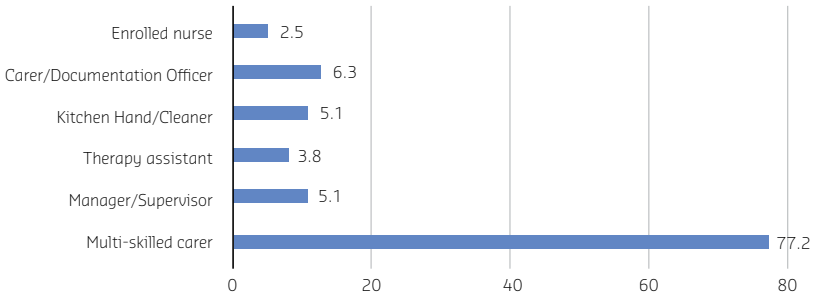
Figure 3 Educational profile of survey respondents



Current position of the respondents

An overwhelming majority (77%) of the respondents were multi-skilled carers (PCAs). As Figure 4 shows, other respondents ranged from enrolled nurses to therapy assistants.

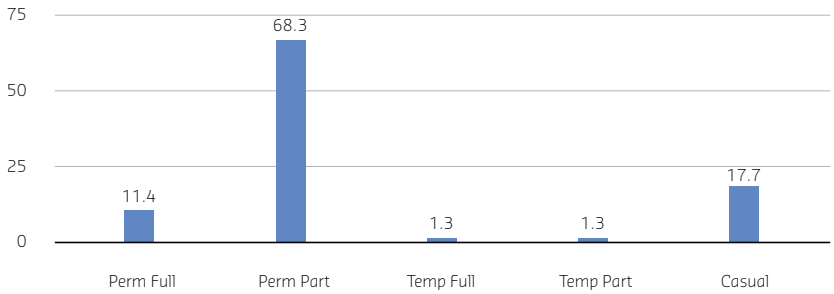
Figure 4 Job titles of survey respondents



Current employment arrangement of the respondents

An overwhelming majority (68%) of the respondents were permanent part time workers. As Figure 5 shows, nearly one-fifth (18%) of respondents were casual workers.

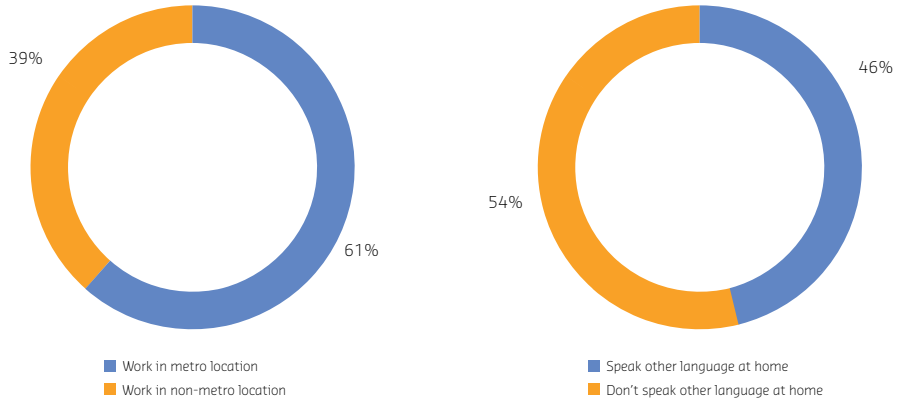
Figure 5 Job status of survey respondents



Language spoken at home and the location of work

As Figure 6 indicates, almost half (46%) of the respondents spoke a language other than English at home. The majority (61%) of the respondents worked within the metropolitan area.

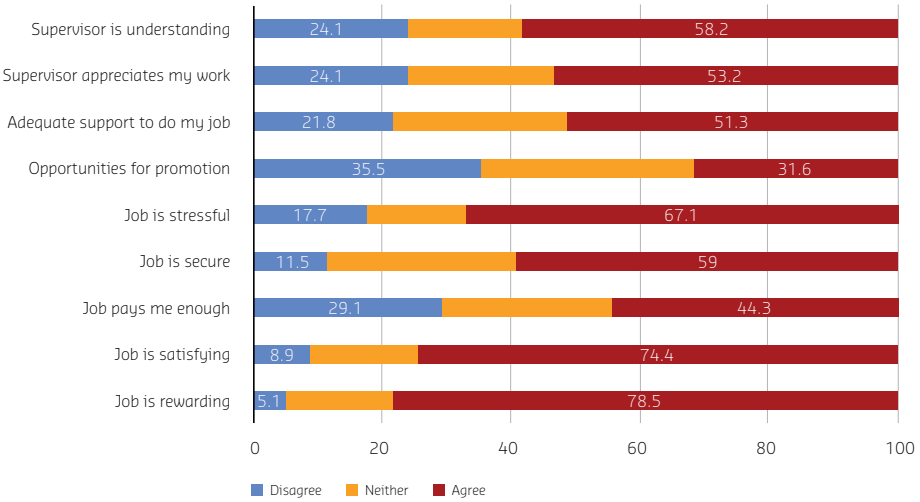
Figure 6 Location and language profile of survey respondents



Perceptions about employment conditions

In terms of employment conditions, nearly three quarters (74%) of respondents found their job satisfying and rewarding. Less than one-third (32%) of respondents found their job had limited opportunities for promotion.

Figure 7 Job satisfaction of survey respondents

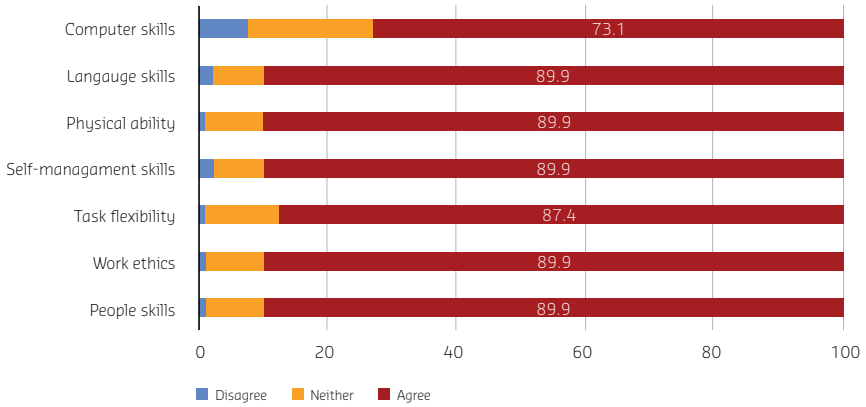


As Figure 7 demonstrates, two-thirds (67%) of respondents reported that their job was stressful, and less than half (44%) found the pay rates were adequate. For conditions that the organisational can control, the findings demonstrate that around one quarter of respondents indicated that they did not have an understanding supervisor, that their supervisor did not appreciate their work, and there was not adequate support to do the job.

Perceptions concerning skills required to do the job

Figure 8 shows the range and importance of particular skills in language, physical ability, people skills, self-management skills and task flexibility.

Figure 8 Job competencies of survey respondents



Job tenure

As Table 5 indicates, one half of the survey participants had been in their current position for less than 2 years, just over 40 per cent in the organisation for less than 2 years, and just over 30 per cent had been in the sector for less than 2 years. At the other end of the spectrum, around one quarter of the participants had been employed in the sector for 11 years or more and just over 15 per cent had been with the organisation for 11 years or more.

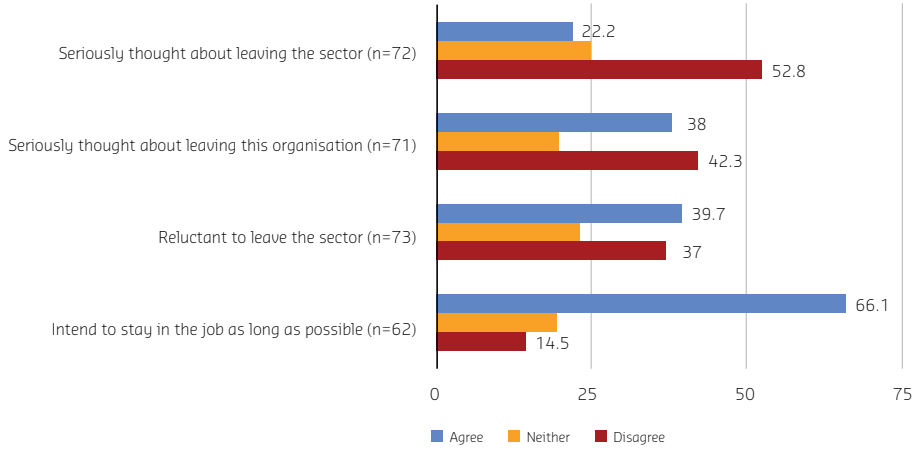
Table 5 Duration in the current position, organisation, and the aged care sector

Duration	In Current Position	In Current Organisation	In the Aged Care Sector
less than 1 year	17.7	12.7	10.1
1 to 2 years	35.4	29.1	22.8
3 to 4 years	13.9	16.5	15.2
5 to 6 years	12.7	13.9	15.2
7 to 8 years	7.6	11.4	6.3
9 to 10 years	1.3	3.8	6.3
11 years or more	11.4	12.7	24.1

Intention to stay or leave

With regard to intentions to stay or leave their jobs/the organisation, over two-thirds (71%) of the participants stated that they intend to stay in their job for as long as possible. As Figure 9 shows, around one-fifth (22%) had seriously considered leaving the sector and nearly 40 per cent had seriously considered leaving the organisation.

Figure 9 **Survey participant's indication to stay or leave**



Pull and push factors

The majority (59%) of respondents identified pay, hours, security, and promotion as key factors that influenced their intention to stay. Conversely, more than one-third (38%) identified workload, lack of team work, and low staffing levels as key factors that influenced their intention to leave. As Table 6 indicates, the majority of the respondents (29%) indicated that caring for people was a key reason for seeking a job in the aged care sector. In terms of attraction, retention and career pathways, the survey indicates that areas that are within the control of organisations are potentially important. Supervisor support and recognition, opportunities for promotion, support to do the job and alleviate stress, are all issues that can be addressed by the organisation.

Table 6 Pull and push factors for personal care attendants

Factors likely to influence to stay	Frequency	%
1. Good management (team work, work environment, upskilling, flexibility, less stress)	19	41.3
2. Good pay, guaranteed hours, job security, promotion	27	58.7
Total	**46**	**100**
Factors Likely to Influence intention to Leave		
1. Job offer/better pay elsewhere	16	28.5
2. Health/Retirement/Ageing Issues/Family relocation	9	16.1
3. Career change	4	7.1
4. Management challenges (workload, lack of team work, low staffing etc.)	21	37.6
5. Abuse of staff or residents	6	10.7
Total	**56**	**100**
Factors that attracted you to the aged care sector		
1. Caring for people	23	29.1
2. No qualifications needed	10	12.7
3. Location i.e. close to home	11	13.9
4. Job stability, security, work environment, positive word of mouth	8	10.1
5. Job flexibility, further opportunities i.e. pursue nursing, wanted to change career	9	11.4
6. Good pay, needed a job	18	22.8
Total	**79**	**100**

Chi-square analysis of intention to stay in the job

In order to explore the significance of association between the respondents' intention to stay in the job and seven different variables, two-by-two cross-tabulations of frequency and percentage between years in the aged care sector (up to 4 years, and 5 or more years), current employment arrangements (casual and permanent/temporary), education levels (lower than degree/diploma and graduate/postgraduate), age (up to 39 years, and 40 and above), language spoken at home (English vs others), gender (male and female), and location of work (metropolitan and non-metropolitan) were analysed.

As Table 7 suggests, those who are likely to leave are on casual contracts, have been employed in the sector for less than 4 years, have a degree or diploma, are less than 39 years of age, and work in the metropolitan area. Age, the nature of employment arrangements and the location of work were highly significant factors in relation to respondents' intention to stay. This suggests that the retention of younger workers is a challenge, as is operating in a metropolitan labour market where there are other potential job opportunities in the sector on offer.

Table 7 Chi-square analysis of intention to stay in the job

Independent variables		Yes	No	Total
Years in the aged care sector	Up to 4 years	23 (41.1%)	14 (63.6%)	37 (47.4%)
x2 (n=78) = 3.225 df=1, p=0.073*	5 years or more	33 (58.9%)	8 (36.4%)	41 (52.6%)
	Total	**56 (100%)**	**22 (100%)**	**78 (100%)**
Current employment status in this organisation	Casual contract	4 (7.1%)	10 (43.5%)	14(17.7%)
x2 (n=79) = 14.763 df=1, p=0.000***	Permanent or temporary	52 (92.9%)	13 56.5%)	65 (82.3%)
	Total	**56 (100%)**	**23 (100%)**	**79 (100%)**
Level of education	Lower than degree/diploma	32 (66.7%)	8 (36.4%)	40 (57.1%)
x2 (n=70) = 5.657 df=1, p=0.017**	Degree/diploma or higher	16 (33.33%)	14 (63.6%)	30 (42.9%)
	Total	**48 (100%)**	**22 (100%)**	**70 (100%)**
Age	Up to 39 years	17 (30.9%)	19 (82.6%)	36 (46.2%)
x2 (n=78) = 17.442 df=1, p=0.000***	40 years and above	55 (100%)	23 (100%)	78 (100%)
	Total	**41 (73.2%)**	**15 (26.8%)**	**56 (100%)**
Speak a language other than English at home?	Yes	20 (35.7%)	16 (69.6%)	36 (45.6%)
x2 (n=79) =7.532 df=1, p=0.006**	No	36 (64.3%)	7 (30.4%)	43 (54.4%)
	Total	**56 (100%)**	**23 (100%)**	**79 (100%)**
Gender	Male	5 (8.9%)	3 (13%)	8 (10.1%)
x2 (n=79) = 2.839 df=1, p=0.242	Female	51(91.1%)	19 (82.6%)	70 (88.6)
	Total	**56 (100%)**	**23 (100%)**	**79 (100%)**
Location of aged care facility	Metropolitan	26 (47.3%)	22 (95.7%)	48 (61.5%)
x2 (n=78) = 16.038 df=1, p=0.000***	Non-metropolitan	29 (52.7%)	1 (4.3%)	30 (38.5%)
	Total	**55 (100%)**	**23 (100%)**	**78 (100%)**

*** Significant at 0.000 probability level, **Significant at 0.05 probability level, *Significant at 0.1 probability level.

Summary of survey findings

The demographic profile of survey respondents and the employment arrangements were similar to those found across the aged care sector. A surprising factor was that around 30 per cent of participants did not have post-secondary qualifications. In part, this may reflect the non-caring positions, such as those in the kitchens or maintenance. Staff reported that they are, in general, very satisfied with their work. The issues that stand out are where there is dissatisfaction with pay, opportunities for promotion, and stress on the job. In terms of leaving the job, only 22 per cent had thought of leaving the sector, and nearly 40 per cent had thought of leaving the organisation. To stay in the sector, the most important factors were seen as pay, job security, guaranteed hours and opportunities for promotion. The most important push factors were issues around workload, staffing and team work; followed by the prospect of getting a better paid job elsewhere. The cross tabulations verify that age, location, labour market conditions and tenure are all important conditions influencing aged care workers' intentions to leave or stay.

Discussion

and conclusion

Section 7: Discussion and conclusion

This project explored sustainable career pathways for the attraction and retention of personal care workers (PCAs) by conducting a case study of residential aged care organisation in WA. The key purpose was to explore the push and pull factors, with the intention of providing advice to governments and the aged care sector in overcoming labour shortages.

The contribution of the study is that it brings together multiple stakeholders to demonstrate potential organisational programs to address job attraction and retention in the sector in the context of changes in Federal government funding arrangements for the sector.

A further contribution is the identification of organisational and managerial strategies that can address some of the identified challenges to staff attraction and retention. Funding and pay rates are public policy issues, but it is intended that the findings from this study will help to inform potential management strategies and policies that might take into consideration competencies, skills, health, well-being and the career development of PCAs that may result in improved attraction, retention and working conditions in the aged care sector.

Job quality framework

Aged care service providers can adopt specific staffing programs and policies to attract and retain employees. Notably, the AgedCo HR Manager has introduced a new scheme 'the Scorecard' intended to improve performance and incentivise the workforce. Most of the findings resulting from this study are closely aligned to the job quality framework utilised by Connell *et al.* (2015) across a range of sectors. They reported that having a good quality job is generally thought to result in higher productivity and enhanced organisational effectiveness, which may be reflected in lower rates of employee turnover and improved employee wellbeing. All these issues have been clearly identified in this study.

The job quality framework identified the four dimensions outlined below. It is suggested that if, aged care providers considered restructuring PCA work with these dimensions in mind, where possible, it would go some way towards improving attraction, recruitment and retention in the sector.

- **Dimension 1** - Job Prospects: job security, recognition, (being given credit for effective work etc.) and career progression (potential for advancement).
- **Dimension 2** – Extrinsic job quality: earnings (satisfaction with earnings), a good physical environment: safety aspects; pleasant work environment; level of physical and posture related hazards.
- **Dimension 3** – Intrinsic Job quality: work itself; meaningfulness of work; interesting work; skills and discretion; skills and autonomy (ability to influence decisions; use full range of skills; apply own ideas); training access (skill development and training can influence job prospects); work intensity; pace of work, work pressures; emotional/value conflict demands; dealing with angry clients/job requires 'emotional labour'; good social environment; relations at work; direct supervision; (manager helps and supports you); level of consultation, organisational support (positive work environment).

- Dimension 4: Working time quality/work life balance/fit (impact of work on home/family life); duration/work scheduling discretion/flexibility; working hours; shift patterns; flexible work arrangements; impact of technology on working time arrangements (blurring of work/life boundaries).

Perhaps the only factor that may not be as relevant for PCAs is the impact of technology on working time arrangements, as their work is largely 'hands on' and unlikely to be extended once they have left the premises. In summary, to attract and retain PCAs, aged care providers must make pay, job security, guaranteed hours and opportunities for promotion an attractive and viable option. Given that Certificate III qualifications are desirable for job entry, and a combination of qualifications and experience is required for progression within a limited career structure, management might also explore a partnership arrangement with VET providers in order to attract qualified PCAs by offering placements, and support their continuous upskilling.

Finding implications

The findings regarding positive and negative working aspects of the sector were similar to those found in the national study (Mavromaras 2016, p.154):"Direct care workers reported that they gained much job satisfaction from their work in aged care. Positive aspects of their daily work included having good relationships and interactions with clients and a feeling of making an important difference to the lives of older people. Being able to use their skills and training, having autonomy and diversity in their work, and good relationships with colleagues and management were further factors contributing to job satisfaction. These workers also, however, reported encountering stresses and difficulties in their working lives. High workloads and levels of administration were the most common concern among respondents. Unsatisfactory working conditions (in the form of pay rates and insecure employment) was a further source of dissatisfaction for some workers and especially those working for home care and home support outlets. Difficulties relating to client care and relationships with co-workers and managers were also frequently reported by respondents."

The research findings also demonstrate that the aged care sector in WA is currently facing funding cuts that will impact on the quality and number of services delivered and, in turn, will impact on staffing. Where a sector is dependent on public funding it is possible that, as labour is the largest cost component for the sector, that costs will be reduced through a combination of reduced staffing, labour substitution and other measures to increase productivity. However, as aged care work is a labour-intensive activity, it is difficult to see how labour could be substituted, although there may be scope for the outsourcing of services, increased use of new technologies (including robotics), and greater use of volunteers and trainees. Nevertheless, there are likely to be problems providing the quality of services required and ensuring that appropriate services will be maintained. Currently some staff experience work intensity and the need to take on additional tasks. And this is likely to be exacerbated given the challenges of attraction and retention in the sector.

Governments will need to reconsider their funding priorities, given the projected significant increase in the number of aged care residents within the next few decades. There are also roles for federal and state governments, in concert with aged care lobby groups, in supporting or conducting promotional communication programs which emphasise the attractions of careers in aged care; as well as consultations with educational institutions to develop new programs which better reflect the needs of the sector into the future. As an example of the latter, Wollongong TAFE has recently launched an innovative Bachelor of Aged Care (Management), designed to attract more and more highly-skilled graduates into the sector.

Agencies themselves would benefit from more proactive human resource planning systems; the use of non-traditional labour market sources (e.g. unemployed, semi-retired, new immigrants) and social media for attracting new workers; predominantly full-time rather than part time positions; better induction, human resource development, rewards and non-monetary rewards schemes. In addition, opportunities for horizontal and/or vertical career opportunities for PCAs would both enhance their skills and value to their organisations, as well as better meet their needs for job satisfaction and inclusion.

Limitations and future directions for research

As with any empirical research, errors in measurement may occur and this research project is no exception. However, there are other limitations that require further comment in terms of the survey responses. The percentage of survey responses was approximately 20 per cent. The main concern of the mail-out questionnaire was achieving a satisfactory response, because higher response rates are usually associated with a lower non-response bias. Although, Hager *et al*. (2003) indicated that mail-out survey response rates amongst non-profit organisations ranged from 10 per cent to 100 per cent, the median response rate is 52 per cent, so a 20 per cent response rate means that the survey results may not be generalisable across the WA aged care sector. However, it is noteworthy that the survey demographics were very similar to those found across the industry with a high female workforce share; an older workforce compared to other industries; and a high share of permanent part-time contracts.

Apart from aspiring towards a higher response rate, the analysis of the association between employee retention and skills shortages within the aged care industry can be extended in several other ways. First, the research examined one case study organisation – further research could take in more organisations, especially in the for profit sector.

Second, this research examined PCAs in WA alone. Further research on why and how the aged care sector attracts and retains PCAs elsewhere (interstate and overseas), in terms of processes and outcomes would be worthy of investigation, not only to strengthen the case for attracting new PCAs, but also to find ways to improve PCAs' retention levels within the sector.

Third, the research examined residential aged care, a different set of factors relevant to workforce attraction and retention are likely in the aged community care sector.

Fourth, although this report has contributed to the understanding of a range of push and pull factors for PCAs, it is difficult to gain a holistic view because of the multiple contextual and locational variations. Consequently, it might be worthwhile exploring in future research what would attract more young people and males into the sector, as well as analysing the most important factors that influence current PCAs' intentions to stay if they could design their 'ideal job'.

Finally, there was a metropolitan bias to the study and the evidence suggests that attraction and retention conditions are more acute in rural and remote areas (Mavromaras *et al*., 2016); clearly there is scope for research in these regions.

The 2016 industry survey identified a number of challenges linked to workload and administrative burden, and while funding cuts will probably increase workload pressures, organisations can address the administrative challenges for care workers. Hence, there are opportunities to amend or expand the survey to incorporate context-specific variables. Likewise, interviews could be extended to include other service providers and stakeholder groups, in order to further explore and compare the depth and breadth of the findings presented here, especially given that the organisation investigated here is considered to be an 'employer of choice' in the sector.

Future directions for research

The analysis of the association between employee retention and skills shortages within the aged care industry can be extended in several ways. First, this research examined PCWs in WA. Further research on why and how the aged care sector attracts and retains PCWs elsewhere (interstate and overseas), in terms of processes and outcomes would be worthy of investigation, not only to strengthen the case for attracting new PCWS, but also to find ways to improve PCWs' retention levels within the sector. Second, although this research project has contributed to the understanding of a range of push and pull factors for PCWs, it is difficult to gain a holistic view because of the multiple contextual and locational variations. Consequently, it might be worthwhile exploring in future research, what would attract more young people and males into the sector as well as analysing the most important factors that influence current PCWs' intentions to stay if they could design their 'ideal job'. Hence, there are opportunities to amend or expand the survey to incorporate context-specific variables. Likewise, interviews could be extended to include other service providers and stakeholder groups in order to further explore and compare the depth and breadth of the findings presented here, especially given that the organisation investigated here is considered to be an 'employer of choice' in the sector.

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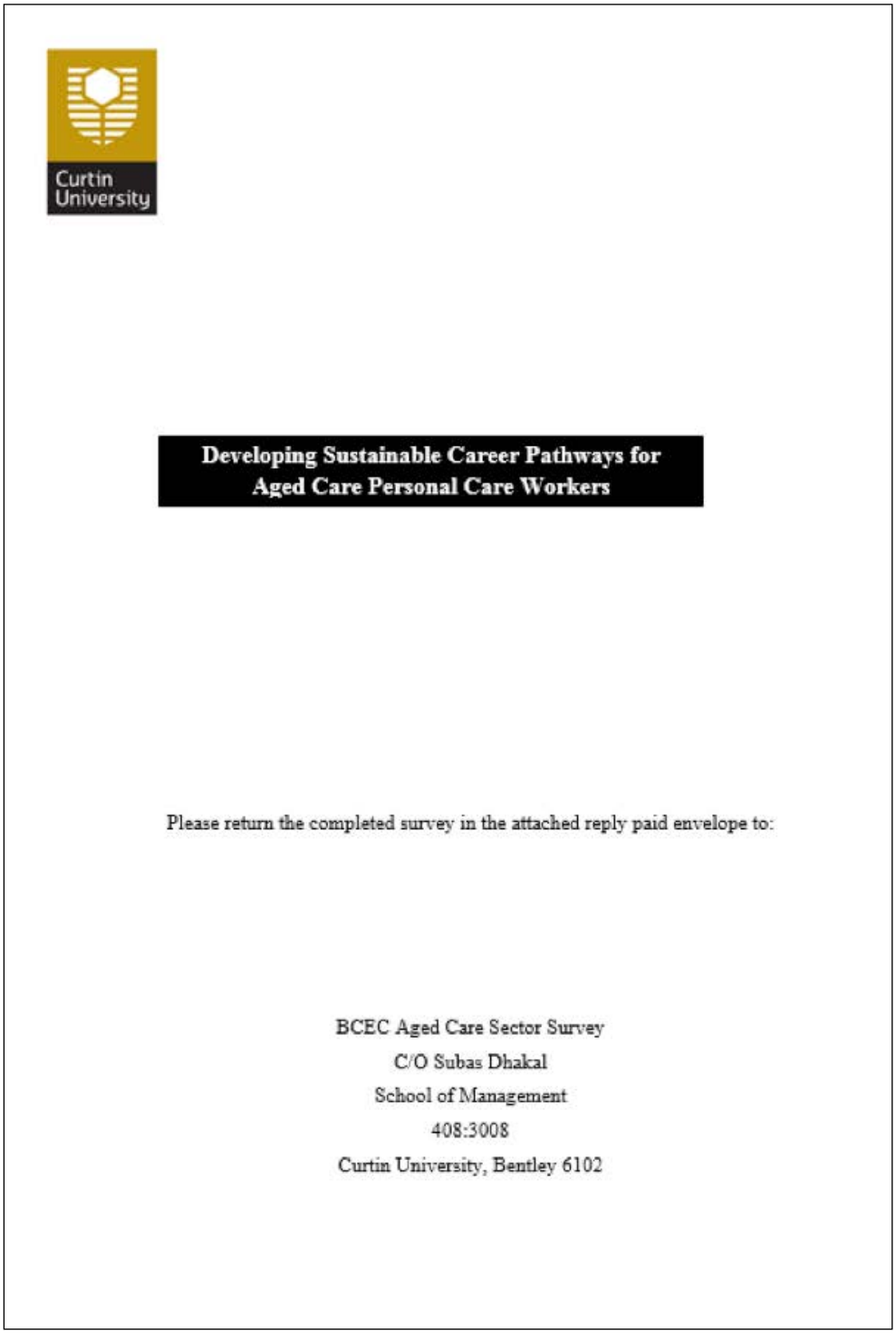
Appendix

Appendix

Appendix 1: Survey instrument



Curtin University

Developing Sustainable Career Pathways for Aged Care Personal Care Workers

Please return the completed survey in the attached reply paid envelope to:

BCEC Aged Care Sector Survey
C/O Subas Dhakal
School of Management
408:3008
Curtin University, Bentley 6102

ABOUT THIS SURVEY

- This study is being conducted by the School of Management, Curtin University.
- The main aim of this survey is to develop a comprehensive understanding of the knowledge, skills and capabilities required for attracting and retaining personal care workers (PCWs); and the consequent development of a practical training, development and accreditation strategy for the enhancement of PCW capacities, combining the resources of their employers and industry agencies, vocational and higher education institutions.
- Curtin University Human Research Ethics Committee (HREC) has approved this study (RDBS- 10-16). Should you wish to discuss the study with someone not directly involved, in particular any matters concerning the conduct of the study or your rights as a participant, or you wish to make a confidential complaint, you may contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au.

DISCLAIMER

Your participation in this survey is entirely voluntary and while the study would greatly benefit from your participation, we respect your right to decline. Completing and returning this survey will indicate your voluntary consent to participate in the survey.

INSTRUCTIONS

There are a total of 20 questions in the survey. Please answer all questions. All individual responses are CONFIDENTIAL, and only collated information will be reported in subsequent publications. The identity of the organisation and participants are protected.

The survey will take you approximately 15 minutes to complete. Please return in the attached reply paid envelope.

PART A

1. **What is your present job title?**

   ---

2. **What is your current employment status in this organisation?**

   ☐ Permanent full time ☐ Permanent part time
   ☐ Temporary full time ☐ Temporary part time ☐ Casual contract

3. **How long have you been in your present position?**

   Year(s) _____ Months_____

4. **How long have you worked for this organisation?**

   Year(s) _____Months_____

5. **What attracted you to work in this organisation?**

   ---

6. **How long have you worked in the aged care sector?**

   Year(s) _____Months_____

7. **What attracted you to work in the aged care sector? (e.g. location, flexibility)**

   ---

8. **Think about your current job and the personal qualities you believe are important to enable you to do your job. Please tick a box in the column that represents your view.**

Important qualities:	*Strongly Disagree*	*Disagree*	*Neither Agree or Disagree*	*Agree*	*Strongly Agree*
People skills (e.g. communication, empathy, teamwork)					
Work ethic (e.g. interest in job, reliability, commitment)					
Flexibility (e.g. with hours, with tasks)					
Self-management skills (e.g. initiative, organisation)					
Physical ability (e.g. manual handling)					
Language skills (e.g. English or others)					
Computer skills (e.g. documentation, database)					
Others					

9. Think about your current job and your working environment. Please tick a box in the column that represents your view.

I feel that:	*Strongly Disagree*	*Disagree*	*Neither Agree or Disagree*	*Agree*	*Strongly Agree*
I have the skills and abilities necessary to do my job					
My job is rewarding					
My job is satisfying					
My job pays me enough for comfortable living					
My job is secure					
My job is stressful					
There are opportunities for promotion					
There is adequate support available to do my job					
My supervisor demonstrates appreciation for my work					
My supervisor is understanding of my personal circumstances					

10. Do you intend to keep working in this organisation over the next 12 months?

☐ Yes ☐ **No, Go to 12**

11. Please tick a box in the column that represents your view concerning your intention to remain working in this organisation.

Items:	*Strongly Disagree*	*Disagree*	*Neither Agree or Disagree*	*Agree*	*Strongly Agree*
I plan to stay at this organisation for as long as possible					
I will be reluctant to leave the aged care sector even if other opportunities arise					

12. What factors influence your intention to stay with this organisation?

---

13. Do you intend to leave this organisation?

☐ Yes ☐ No

14. Please tick a box in the column that represents your view on your intention to leave this organisation

Items:	*Strongly Disagree*	*Disagree*	*Neither Agree or Disagree*	*Agree*	*Strongly Agree*
I have seriously thought about leaving this organisation to work with another organisation within the aged care sector					
I have seriously thought about resigning from the aged care sector all together					

15. What is likely to influence your intention to leave this organisation?

PART B

16. What is your gender? Please tick.

☐ Male ☐ Female

17. What is your age group? Please tick.

☐ 24 or less ☐ 25 to 39 ☐ 40 to 49 ☐ 50 to 59 ☐ 60 or above

18. Which of the following is an indicative of your level of education?

☐ Not completed year 12
☐ Completed Year 12
☐ Skilled Vocational Qualification
☐ Associate Diploma/Advanced Certificate
☐ Degree or diploma (3 years full time)
☐ Postgraduate degree or diploma

19. Do you speak a language other than English at home?

☐ Yes ☐ No

20. If there are any issues you would like to highlight in relation to your work, please note them below.

Thank you for taking the time to provide us with this information.

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