

## **Submission to consultations on the Productivity Commission's draft report: *Caring for Older Australians***

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I would like to draw your attention to ongoing problems associated with aged care workforce supply and demand, and the links between workforce and quality in aged care.

The terms of reference state that the scope of the Inquiry includes that the Commission:

*“Systematically examine the future workforce requirements of the aged care sector, taking into account factors influencing both the supply of and demand for the aged care workforce, and develop options to ensure that the sector has access to a sufficient and appropriately trained workforce”.*

However, the draft report does not sufficiently address this point. One indication of this is that the formal aged care workforce issues are covered in 20 pages only (of over 500 pages). The report does not appear to recognise the breadth and the depth of the current workforce crisis in aged care.

Workforce issues are just as important as financing issues (which receive much more extensive, detailed and systematic analysis in the report) if the aged care system is to meet the challenges of providing accessible (available and affordable), equitable and person-centred aged care services now and in the future. The relative lack of attention to aged care workforce problems addressed in the draft report means the analysis and recommendations do not address one of the key issues the Inquiry is charged to address: the importance of **enhancing quality of care**.

Numerous reports have been published to substantiate the current workforce crisis in aged care (for example, see references 2, 3, 12). Quality of care is dependent upon various factors (policy, environment, funding and regulations). However, it is unquestionable that the skills, attitudes and knowledge of those who provide care play a significant role in ensuring quality care. Furthermore, as noted in the draft report, person centred care is central to ensuring care quality, and whether or not person centred care is provided depends largely on workforce capacity.

My substantial experience as a nurse and researcher in aged care over the past 20 years indicates that the capacity of nurses in Australia, in particular those working in residential and community aged care, to deliver high quality care is falling. A range of related factors is causing this declining capacity to give quality care. In the context of a shortage of skilled practitioners, and a poor skill mix (too few skilled staff relative to less skilled staff), nurses are obliged to spend their work time on tasks for which only they are qualified. In this task oriented aged care work environment, nurses are no longer able to provide “care” that they want to and have been taught to give (holistic and humanistic care). Instead, they have become conditioned to work as part of a production line (e.g., doing ‘pills’, documenting, dressing wounds). As a result, the culture of nursing care in the aged care sector is no longer conducive to or supportive of person centred approaches to care, which require time with care recipients and flexibility in work organisation to enable care to be more tailored to individual needs. Care plans, for example, should provide the documentary basis for person-centred care. Such plans may exist as part of compliance procedures in residential aged care facilities today, but they frequently serve only a ‘ceremonial’ compliance function instead of functioning as a dynamic reference point for all workers caring for a particular resident.

Education and training are necessary for improving knowledge and skills for quality aged care, but insufficient to change the culture of aged care and the attitudes of those nurses who have been continually unable to practice what they believe in, while working with fewer resources and receiving lower wages compared to other nursing sectors.

Their responses are reflected in a continuing decrease in the RN workforce in residential aged care, as noted in the draft report:

*There is a trend towards employing less skilled staff in residential aged care facilities. Despite an increase in the workforce overall, the number of full-time equivalent registered and*

*enrolled nurses working in RACFs decreased from 27 210 to 23 103 between 2003 and 2007 (table 11.2). This represents a decrease from 35.8 per cent to 29.3 per cent of all full time equivalent direct care employees in only four years, with most of the reduction occurring at the registered nurse level. (p. 357)*

As this trend continues, an increasingly large proportion of care workers in the aged care sector is drawn from culturally and linguistically diverse backgrounds. These care workers often have poor language skills, which impacts on quality of care in two ways. First, these workers may not have sufficient understanding of communication within the workplace. Second, there are challenges associated with their learning capacity in English when education and trainings are provided in English. Anecdotal evidence and my clinical and research observations clearly indicate this as an on-going issue and one that often creates conflicts in staff interactions. Although the draft report recognises the needs of older people from culturally and linguistically diverse backgrounds, it does not address the challenges of working with a CALD workforce at all.

There is ample research that describes and explains aged care workforce recruitment and retention issues. National and international evidence reveals the importance of work climate including leadership and management that impact on the recruitment and retention, and subsequently on the quality of care, within the health care workforce. A supportive work environment is known to be one of the key strategies to improve staff retention in residential aged care. A key attribute of the supportive work environment is the presence of strong clinical and managerial leadership. Given the complexity and challenges the aged care sector is facing, the issue of clinical and managerial leadership of aged care middle managers deserves a greater attention than before.

Therefore I concur with the Draft Recommendation 11.3 to some extent. The report says:

*The Australian Government should promote skill development through an expansion of courses to provide aged care workers at all levels with the skills they need, including:*

- *advanced clinical courses for nurses to become nurse practitioners*
- *management courses for health and care workers entering management roles. (p. 371)*

Furthermore, I would like to put forward additional points based on a systematic review of literature that I led in 2007-8 (1). This systematic review of 153 Australian and international papers (both research and policy) aimed to examine what is known about the issues of leadership and management for the residential aged care workforce; and to develop relevant policy options and strategies to improve leadership and management within the social, economical, and political context of Australian residential aged care. Findings from the literature review were analysed and integrated with other information (consultations with representatives from key government and non government organisations and peak bodies for aged care and dementia within Australia and those from England, as well as focus groups with residential aged care nursing managers), to produce evidence for developing policy solutions and decision making in terms of sustainable leadership and effective management within the Australian residential aged care workforce.

## **BACKGROUND<sup>1</sup>**

The aged care sector shares many workforce issues common to the wider nursing sector and competes with the acute and primary health care sectors for a shrinking pool of qualified nurses (2, 3). However, as it employs a majority of personal carers who may or may not be vocationally trained, there are also concerns unique to that sector, in particular the registered nurse (RN) staffing ratios, or skill-mix. A balanced skill-mix, in levels of experience and knowledge, has been found essential for effective team-building (4, 5) and when that balance is not achieved, staff job dissatisfaction occurs (6, 7). Recent United States studies suggest that greater RN staffing ratios are associated with better resident outcomes (8, 9), whilst poor skill-mix is linked to higher error rates and iatrogenic deaths of residents (10).

The traditional culture of custodial care that incurred perceptions of low status work is currently challenged from more humanistic and higher skilled models of aged care. However, effecting lasting change in institutional culture is complex and the sector remains fraught with gender-based

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<sup>1</sup> The following is based on the final report, which is available through the Australian Primary Health Care Research Institute (APHCRI) website (<http://www.anu.edu.au/aphcri/Domain/Workforce/index.php>).

preconceptions that work to maintain perceptions of low status (6). The actuality of aged care's lower status is reinforced by fewer resources and lower wages compared to other nursing sectors such as acute or community care nursing (2, 7, 11, 12). Such persistent inequities, along with perceived documentation and administrative burden associated with accreditation (13), produce higher levels of staff dissatisfaction, burnout and turnover (2, 6, 7), which impacts on the quality of the care and resident outcomes(14). These contribute significantly to the challenges associated with staff recruitment and retention in residential care settings (6, 12, 15) that the management of residential aged care are expected to overcome.

Whilst perceptions may be recalcitrant, in practice residential aged care has gone from a parochial service for 'nice little old ladies' to demanding complex clients requiring sophisticated knowledge and expertise (2, 6, 16). Such complex care demands require that the direct care workforce—the majority of which are assistants in nursing (AINs) or Personal Care Assistants (PCAs) whose clinical knowledge and skills in complex care needs are limited—undertake perennial up-skilling as care methods and workplace safety practices evolve (17, 18). Combined with the need for developments in information technology support, this demand for care and technological expertise is set to increase (16, 18, 19). Such complexity places a greater emphasis on the quality of clinical and organisational leadership capabilities, still found in short supply across the profession (4, 14). In 2005 the National Aged Workforce Committee identified the importance of developing and sustaining workplace leadership and management in order to support 'competent, effective and innovative teams' (5), but there has been little movement on its recommendations.

Diminishing student nurse enrolments, an ageing workforce and qualified nurse shortages are international concerns and have been reported with numerous recommendations, often (2, 3, 5, 6, 16). However, these reports have yet to translate into significantly improved conditions or higher remuneration. Such endemic problems diminish the sector's appeal in staff recruitment and render retention more difficult, as "*Current subsidy rates preclude all aged care providers from paying rates that are competitive with the rest of the health care system.*" (p.4)(18)

Whilst the Productivity Commission report acknowledges this as a serious issue for future recruitment in a highly competitive market, it also notes the need to moderate costs in the face of growing demand by broadening the training and scope of practice for qualified nurses (3). However pragmatic as such a recommendation may be, it comes into conflict with the cacophony of complaints at already overstretched workloads that are central to much nurse dissatisfaction (2, 6, 7, 11).

Aged care staff struggle constantly with negative status perceptions that are both internalised and external (11). Pearson et al. suggest internalised perceptions may be as much to do with ageism and status consciousness within the sector itself (12). Baby boomers who are likely to hold strong views on independence and autonomy tend to rate aged care facilities poorly (3). Yet when leadership is sufficiently strong and flexible to engage families with the loved one's care planning and participate in residential life, such prejudice tends to abate (14). Alzheimer's Australia now recommends residential aged care managers actively accommodate the involvement of families (20). Furthermore, studies show negative attitudes toward various aspects of aged care affect nursing students who feel aged care nursing is not valued by peers, negatively influencing their choice of employment and the morale of those working in aged care (21, 22).

## **KEY FINDINGS**

- ❖ A strong, effective leadership and management is critical to ensure staff job satisfaction and retention, high quality care, the well-being of care recipients and has economic implications in reducing associated costs.
- ❖ The essential individual attributes of leadership are: hands-on accessibility and professional expertise in nurturing respect, recognition and team building, along with effective communication and flexibility. However, successful leadership outcomes depend on good organisational leadership that enables leaders to feel confident they have sufficient resources at their disposal to ensure the delivery of high quality care and sufficient support for their staff, for example adequate skill mix of staff, clear Human Resources practices and communication policy, administrative support, attractive incentives/rewards and career pathways.

- ❖ There is inadequate preparation for the middle management leadership role in the aged care sector, and lack of clear guidelines and key performance indicators to assess leadership and management skills. Although desired leadership attributes and core competencies are listed in a number of papers, these are generic and there is little in the way of hard evidence for these knowledge and skill sets or how best to develop the effective leadership and management so necessary for the future of aged care.
- ❖ Few effective clinical leadership programs exist in the health and social care arenas, for example, the Royal College of Nursing Clinical Leadership Programme and the Skills for Care Leadership and Management program in the United Kingdom. The US LEAP(Learn, Empower, Achieve, Produce) program is perhaps the only aged care specific program with a leadership development focus that showed increases in work empowerment, perceived organisational climate, job satisfaction, and work effectiveness. However, little is known regarding how appropriate and effective they are and how best effective leadership and management can be developed for the for the Australian aged care sector.

## **POLICY OPTIONS**

There is an urgent need for a nationwide and focused effort to develop sector-appropriate models/programs for leadership and management congruent with the philosophy of person-centred care and the characteristics of the aged care workforce. The findings clearly point to the need to develop a national strategy that promotes a common approach to aged care leadership and management development at both government and aged care industry levels. Under this strategy the importance of and access to education and training for leadership and management development can be clearly articulated in relevant policy, in terms of education and training; regulation, legislation and accreditation; incentives, remuneration and reward; and national minimum dataset. It is suggested that:

The Australian Government, in collaboration with the aged care industry and its peak organisations, should consider the following.

- ❖ Development of a leadership and management quality framework and a leadership and management program. However, a priority should be given to the needs assessment for leadership and management programs, along with a comprehensive mapping of the Australian aged care workforce (managers and managed) focusing on the manager's scope of practice, educational/training background and experience
- ❖ Establishment of an aged care leadership and management centre
- ❖ Establishment of a national minimum dataset (MDS) so there is ongoing data collection detailing types of managers, their diversity and the qualifications they hold, pay and remuneration, and turnover and retention.

The Aged Care Standards and Accreditation Agency develop clear guidelines as to how residential aged care facilities are assessed for ensuring that effective leadership and management is in place. Organisational leadership support should also be taken into consideration when the individual's leadership and management capacity is assessed.

The aged care industry needs to ensure the following.

- Organisational policy frameworks are in place that support leaders and managers through structural empowerment, enabling them to achieve best practice in team work and quality care
- Relevant policies guiding the notion of providing attractive career paths and succession planning are in place.

The systematic review concludes that

- ❖ Strengthening of leadership and management skills in the RAC sector is critical
- ❖ Focusing on individual leadership and management development cannot be a panacea. It requires organisational leadership and appropriate policy in place
- ❖ The supply of the right workforce for the right job, with clear delineation of scope of practice, appropriate workload and skill mix, and maximum utilisation of the workforce
- ❖ Aged care needs to be framed as supportive and developmental, rather than punitive
- ❖ The onus is on aged care industries as a whole and various levels of Government

Informed by the findings of the systematic review, a research project was proposed focusing on optimising leadership in aged care workforce, which has been funded by the Australian Research Council (2010-13). The research team is working closely with national key stakeholders to consider strategies to implement mechanisms that improve leadership and management skills of middle managers in the aged care sector sufficient to meet the needs of the aged care workforce and a continuous evaluation of the impact on workforce churn and quality care. However, for the work of a project like this to make a difference beyond the partner organisations, government policy on aged care needs to bring workforce issues much more to the centre of the discussion about the quality, indeed the future, of aged care in Australia.

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