



Australian
Nursing &
Midwifery
Federation

NATIONAL AGED CARE SURVEY 2019 - FINAL REPORT



May 2019



About the ANMF

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions. Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

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ANMF National Aged Care Survey 2019 – Final Report

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Contents

Acknowledgements	6
Key messages	7
Executive summary	8
Introduction	8
Background	8
Methods	8
Results	9
Discussion	11
Conclusion	12
Introduction	13
Aim.....	13
Objectives	13
Background	13
Methods	15
Participants	15
Recruitment	15
Survey tools	15
Data analysis and reporting	15
Results.....	17
Participant demographics	17
Issues of greatest concern	20
Aged care funding	27
Staffing levels.....	30
Staffing ratios (Registered nurse: other care staff)	33
Cost shifting.....	36
Hospital transfers	37
Advanced care planning and end of life	40
Staff recruitment and retention.....	41
Improving aged care services	44
Federal election voting intention regarding minimum staffing levels and skills mix	46
Participants' Concluding Comments	47
Discussion	50
Conclusions and key messages	56
Key messages	57
References	58
Appendix I	59
Appendix II	65



Tables

Table 1: Profile of Aged Care Staff Participants	18
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Figures

Figure 1: Staff and Community Member Participants by State/Territory	17
Figure 2: Staff Participants by State/Territory	18
Figure 3: Staff Participants by Employment Classification	19
Figure 4: Aged Care Staff Participants Employment by Sector	20
Figure 5: What issues are you most concerned about?.....	21
Figure 6: What issues (standards of care) are you most concerned about?.....	21
Figure 7: Staff Concerns with Aged Care (2016 versus 2019)	22
Figure 8: Issues of Concern - Adequacy of staff to meet high care needs (2016 versus 2019) comparison by employment classification.....	23
Figure 9: Issues of Concern - Adequacy of staff to meet basic care needs (comparison by employment classification - 2019).....	23
Figure 10: Themes Related to Staff Concerns with Aged Care	25
Figure 11: Is Current Funding of Aged Care Adequate? (2016 versus 2019).....	27
Figure 12: Themes Relating to Adequacy of Funding for Aged Care.....	28
Figure 13: Are the Current Staffing Levels at Your Facility Adequate? (2016 versus 2019)	30
Figure 14: Themes Regarding Adequacy of Staffing in Aged Care (Staff)	31
Figure 15: Is the Ratio of Registered Nurses to Other Staff Your Facility Adequate? – Staff and Community (2016 versus 2019)	33
Figure 16: Themes Regarding Ratios of Registered Nurses to Other Aged Care Staff.....	34
Figure 17: Cost Shifting from Aged Care Facility to Resident and Family (2016 versus 2019)	36
Figure 18: Unnecessary/ Avoidable Transfers Between Aged Care Facilities and Hospitals (2016 versus 2019)	37
Figure 19: Factors Related to unnecessary/avoidable transfer of residents from facilities to hospital	38
Figure 20: Conversations with Residents About End Of Life Care (2016 versus 2019)	40
Figure 21: Factors Related to Advance Care Planning/ End of Life.....	41
Figure 22: Main Contributors to Nurses Leaving or not Wanting to Work in Aged Care (2016 versus 2019).....	42
Figure 23: Factors Related to Recruitment and Retention of Nurses in Aged Care	43
Figure 24: Actions to Improve Aged Care Services (2016 versus 2019)	44
Figure 25: Actions Identified by Participants to Improve Aged Care Services.....	45
Figure 26: Intentions to Support a Political Party in a Federal Election in Relation to Commitments to Improve Aged Care Services (2016 versus 2019)	47
Figure 27: Overarching Themes Regarding Concerns with Aged Care in Australia.....	48



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The ANMF is grateful to the nurses, aged care workers, other staff, and especially to the community members, residents, family members, and loved ones who shared their views, experiences, and insight into the current situation of Australia's aged care system.

It is the ANMF's hope that this report, and the forthcoming companion report focussing upon the responses provided by community members, will underpin and hasten the desperately urgent actions needed to improve aged care in Australia to provide the level of quality, safety, and appropriateness that all recipients of aged care services deserve.



Key Messages

- Continued, systemic failure in Australia's aged care sector and inaction by governments and providers have resulted in widespread failure to ensure safe, quality care to the residents of aged care facilities.
- Aged care staff feel unheard. They want to take pride in their work and provide residents with the highest standards of quality, safe, appropriate care in environments that are safe and supportive for themselves, the workers.
- Since the 2016 ANMF National Aged Care Survey, the situation has worsened; indifference and lack of respect for aged care residents and the staff that work there is increasingly prevalent while workloads, staffing levels, skills mix, and pay remain unchanged or worse.
- Staffing numbers, skills mix, staff training/qualifications, and experience continue to be at the forefront of aged care staff members' concerns with the aged care system and negatively impact upon the ability of staff to provide safe, quality care for all residents.
- Low numbers of staff and poor skills mixes result in poorer health outcomes for residents as well as staff members, including leaving the aged care sector or nursing profession.
- Lack of staff and inappropriate skills mixes mean that even the most basic care needs of residents, such as bathing, eating, and toileting are missed, neglected, or rushed.
- Adequacy of staffing to provide for high care needs is an emerging concern, with registered nurses especially indicating that there are simply not the right numbers or ratios of skilled, registered nurses and access to general practitioners and nurse practitioners to cope with the increasing number of residents with complex and severe conditions.
- Deteriorating staffing levels have resulted in greater safety risks for both residents and staff members.
- Government funding for aged care is inadequate and widely regarded to be misdirected away from providing safe, quality care to residents or utilised inappropriately.
- Untenable workloads due to lack of staffing and poor skills mixes deters recruitment and retention of workers and hinders staff ability to cope with incidents beyond 'standard routines'.
- Poorly considered provider protocols that penalise staff members arising in response to increased scrutiny place residents at risk of unsafe or poor quality care.
- Unnecessary transfers from residential aged care facilities to acute/emergency facilities that put residents at risk could be avoided with having appropriate staffing and skills mixes onsite, including greater access to general practitioners and nurse practitioners.
- End of life and advance care planning discussions in residential aged require greater attention and support to be effective and appropriate.
- Aged care staff feel increasingly blamed by providers, governments, and the community at large for deficiencies in safety and quality however observe that systemic failings and lack of support beyond their control, by providers, governments, and the sector overall are largely responsible for ensuring safety and quality.
- Improving staffing levels, skills mix, and the training/education of workers are urgently required to improve aged care services.
- Greater accountability for the delivery and use of aged care funding by providers and governments is vital to ensure safe, quality care for residents



Executive Summary

Introduction

The present study follows up on the previous 2016 National Aged Care Survey of staff and community members and identifies and examines key contemporary issues regarding participants' concerns and experiences with the Australian aged care system. In the broader context of the Australian Nursing and Midwifery Federation (ANMF) and its members' concerns with the state of the Australian aged care sector, the present study had the objective of examining current concerns in aged care, adequacy of staffing levels and skills mix, adequacy of care delivery in residential aged care facilities, suggested improvements necessary of aged care, and voting intentions relating to aged care.

Background

In 2016, the ANMF undertook its first national aged care survey with almost two and a half thousand participants. This initial survey was undertaken after more than a decade of ANMF campaigns calling for improvements in aged care to both increase and ensure safe, quality care for recipients of care and satisfactory working conditions for aged care staff.

Aged care in Australia has been in the spotlight and a key issue for the ANMF for many years, the ANMF has drawn attention to the shortcomings in the system, highlighting to governments, regulatory bodies, key stakeholders, the media, and the community critical issues related to the quality of care delivery.

In early 2018, the ANMF launched a new national campaign for safe staffing in aged care *Ratios for aged care, make them law NOW*. In September 2018, following an expose on residential aged care by the ABC's Four Corners program, the Prime Minister announced the establishment of a Royal Commission into aged care quality and safety with a final report due by 30 April 2020.

This report presents the results of the 2019 ANMF national aged care survey which was made available to aged care sector staff and community members shortly after the first Commission hearings. This report focusses largely upon responses provided by participants in 2019 and provides comparative results with the 2016 results where relevant. The present report focusses upon the responses provided by staff member participants while a companion report will present and analyse the responses provided by community members.

Methods

The survey was open to prospective participants in all Australian States and Territories from 26 March to 12 April 2019. Two separate Survey Monkey® forms were used; one for aged care staff and one for community member participants. The staff survey incorporated 23 questions and the community member survey had 15, both included a mix of demographic items, multiple choice items, yes/no items, and free-text questions. Largely, the survey replicated that which was used by the ANMF in the 2016 national aged care survey, with some modifications made to questions and response options to update the survey in regard to the contemporary context.

The data collected from respondents was analysed using simple descriptive statistics and frequency counts as well as a process of general inductive qualitative analysis for qualitative data provided by respondents in open-ended or free-text fields.



Results

Overall, 2,775 staff working within the aged care sector from all States and Territories answered at least one survey question. Almost equal numbers of staff worked in metropolitan (n = 1,033/ 38.5%) or regional areas (n = 1,076/ 40.1%). Most staff were registered nurses (n = 1,162/ 42%), with 791 (28.6%) identifying as AINs/PCAs/PCWs, and 434 (15.7%) as enrolled nurses. Most (n = 1,204 / 43.8%) worked within not-for-profit residential aged care, with 810 (29.4%) working in for-profit aged care, 216 (7.8%) in public or private hospitals, and 166 (6%) in public/government-owned residential aged care.

Key Concerns

At almost 91% (n = 2,517) having ‘adequate staffing levels for meeting basic care needs’ for residents was the greatest concern among participants. This was closely followed by ‘adequate staffing levels for providing high care’ (82.5%/ n = 2,285). ‘Dementia management’ (n = 1,731/ 62.5%) and ‘levels of experience and qualifications held by nursing staff’ (n = 1,690/ 61%) were concerns for many staff. There was considerable consistency between concerns identified in 2016 and 2019. Major themes emerged regarding concerns with aged care; ‘safety of staff’, ‘staffing inadequacies’ and ‘safety of residents’.

Funding

Almost 90% (n= 2,392) of participants felt that funding for aged care in Australia is inadequate in 2019. While this appeared to be slightly lower than in 2016, where 93.7% felt that funding was inadequate, qualitative analysis of open-ended feedback revealed that participants felt that funding does not meet residents’ care needs due to lack of transparency and accountability for funding, and an inappropriate funding model.

Staffing and Skill mix

Inadequate staffing in aged care was noted by 89% (n = 2,406) of participants. This was an increase from the 2016 results where 79.2% (n = 1,310) indicated that staffing was inadequate. Analysis of in-depth responses revealed two major themes; ‘lack of staff’ and ‘provider refusal to take on ‘low care’ residents’. In 2019, three-quarters of participants (n = 2,032) indicated that staff ratios were inadequate, an increase from the 2016 results (67.8%). Two main themes arose from participants’ responses; inappropriate pressure/responsibility onto less skilled/experienced workers, and; lack of suitable numbers/availability of registered nurses. These highlighted the effects inadequate ratios of registered nurses have on care delivery and care staff, including nurses.

Cost Shifting

Cost shifting from residential aged care facilities to residents and their family was less frequently noted by aged care staff in 2019 in comparison to 2016, however 37% (n = 914) of participants identified that residents/family members are being asked to pay for items that facilities once provided.

Hospital Transfers

Three percent more respondents (55% n = 1,453) in 2019 reported unnecessary and avoidable resident transfers to hospital. A range of factors that contribute to and/or result in this situation were brought together under six themes; ‘lack of experienced staff’, ‘facility policy’, ‘de-skilling’, ‘lack of opportunities to learn/train/educate’, ‘lack of resources’, and ‘family expectations’.



End of Life Discussions

Comparable to in 2016, while most participants (88%) indicated that end of life discussions did occur with residents and their families, they often identified that these discussions were not done well or at the right time, and that ‘residents and/or families are reluctant and uncomfortable with the topic’.

Staff Recruitment and Retention

In both 2016 and 2019 surveys, workloads were identified by most participants as being the main factor that hindered efforts to recruit and retain staff; (47.4%/ n = 799) in 2016, and 39.1% (n = 1,079) in 2019. Analysis of in-depth responses indicated that many participants could not identify only one single factor, but highlighted that many related factors contributed to why nurses and care staff leave or do not want to work in aged care. Three main themes emerged from qualitative analysis; ‘undervalued, under recognised, not respected’, ‘unable to provide quality/good care’, and ‘culture of blame’.

Improving Aged Care Services

Legislated minimum staffing levels was the most commonly identified factor by participants (84%/ n = 2,314) that could be implemented to improve aged care services. Participants also identified greater government funding for staffing (n = 2,031 / 73.6%), and legislated minimum skills mix, (n = 1,991 / 72.1%) as key actions. The actions identified from the responses offered by these participants provide suggested solutions to the problems and concerns that have been identified throughout this survey and encapsulated the fundamental responses needed from government and industry.

Voting Intentions

In 2019, 67% of participants indicated that if a political party made a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, they would vote to support them, just over 1% up from in 2016.

Concluding comments

Just over 1,000 participants (n = 1,086) provided concluding free-text comments or stories. Four key themes emerged which echoed participants’ responses throughout the survey and encapsulated their overarching concerns with aged care and the causes of failings of the system. The themes were identified as; ‘care is not the priority’, ‘lack of transparency’, ‘lack of responsibility of management, providers, government, and the system’, and ‘residents and staff are voiceless/unheard’.



Discussion

The results of the ANMF's 2019 National Aged Care Survey present a bleak picture of aged care in Australia. They describe a continued systemic failure to ensure safe and quality care to all aged care residents and suggest an abrogation of duty by governments and providers. Bleakest of all, the results present a picture of aged care that is unchanged from the one presented by the ANMF's 2016 Survey. Indifference and lack of respect for aged care residents and the staff that work there are increasingly prevalent while workloads, staffing levels, skills mix, and pay remain unchanged or worse. Continued, systemic failure in Australia's aged care sector and inaction by governments and providers have resulted in widespread failure to ensure safe, quality care to the residents of aged care facilities.

The accounts of the 2016 survey participants described a situation of widespread substandard care which offered neither dignity to the elderly at the end of their lives, nor to those who enter residential aged care facilities at younger ages. A situation that failed to recognise the contribution the elderly have made to Australian society by providing them with dignified care at the end of their lives and which, participants believed, represented a profound lack of respect for Australia's elderly.

The results from the 2019 Survey perpetuate this view. The most notable change is that the state of aged care has worsened. In 2016, participants described the situation in aged care as one approaching despair; in 2019 it is one in despair, with the feelings of desperation most acutely affecting aged care workers themselves.

While 2019 survey participants remain critically concerned about what they observe to be a widespread lack of regard and respect that the aged care system has for the elderly, the lack of value, worth, and respect they believe Australian society holds for them as workers in the industry has intensified. Participants also articulated the failings of the system, i.e. management, providers and government, more directly and frankly than in 2016.

The most significant change identified between the 2016 and 2019 survey participants from the qualitative data was an increased sense of despair. In the intervening three years, there have been more reports and inquiries into aged care, more requirements and standards (which translate into more management hoops for staff to jump through) introduced, dramatically increased media scrutiny, and a Royal Commission into aged care quality and safety. But aged care staff feel that nothing has changed in relation to their workloads, their staffing levels, or their pay and conditions.

Aged care staff feel they are being held accountable for the failings of the aged care system which, although having existed for some time, are now being exposed. Aged care staff also believe that many aged care employers, managers, and executives lack the necessary skills to run aged care facilities effectively so quickly resort to blaming staff for their own inadequacies. Staff also level this criticism at the government, which they describe not only as unskilled but worse, uncaring and without empathy. It is the pervasive lack of transparency in the sector that permits this all to continue.



A primary focus of participants is upon the negative impacts – on both residents and workers themselves – of not having enough staff or an appropriate skills mix. This focus extends to participants' suggestions regarding what could be done to improve aged care services. In 2016 and 2019, staff felt that improvements in the numbers and skills mixes of staff in aged care were vital for improving services. Staff also felt that training and regulation for all staff involved in direct care, and movement away from providers' focus on profits to more attention on minimum care standards for residents should be addressed to improve aged care in Australia.

Participants want the government and aged care providers to be held accountable for the delivery and use of funding and provision of care. Participants highlight a pressing need for greater transparency of the use of aged care funding by providers – to show that it is clearly being directed to the provision of safe, quality care and not to marketing and profits.

Aged care staff feel acutely the lack of respect and value that their employers and the wider community appear to have for them and the work that they do. Addressing both how management treat staff and provide support and appropriate safe working conditions, as well as how the community at large views those working in the aged care sector could vastly improve both the image of the sector for current and prospective workers and enable and facilitate safe, quality care for our elderly, which is at the heart of what aged care must be about.

Conclusion

Aged care staff have long felt unheard, but as revealed by the 2019 National Aged Care Survey, they feel more voiceless than ever before. The vast majority of aged care staff, and many in the industry, want to be able to take pride in the work that they do, to be able to provide residents with the best standard of quality, safe care, and to be able to deliver that care in environments that are safe and supportive for themselves. However, staff are hampered by continued, systemic failure in Australia's aged care sector and inaction by governments and providers which have resulted in widespread failure to ensure safe, quality care to the residents of aged care facilities beyond the control of the staff themselves.

Aged care staff want to see Australian society take a moral and compassionate approach to our elderly, which would ensure them safe, dignified and respectful care at the end of their lives. This must also extend to the younger residents of aged care facilities.

The survey's participants believe this will require:

- Ensuring that care is the priority for the entire aged care system;
- Guaranteeing transparency in the use of tax payer funding, and ensuring it is tied to care provision;
- Ensuring genuine accountability of aged care management and providers as well as government for the quality of the aged care system; and,
- Ensuring the voices of aged care residents and staff are heard.

The participants are pleading for change, 'please, fix the system, please', one respondent implored. For their sake, and the sake of elderly Australians, the system must respond.

“Aged care needs minimum staffing levels and more funding. It is terrible what those beautiful old people suffer in these places.”

- aged care staff member



Introduction

Aim

The aim of the present study was to follow up on the previous 2016 National Aged Care Survey of staff and community members to identify and examine key contemporary issues regarding participants' concerns and experiences with the Australian aged care system (ANMF, 2016).

Objectives

In the broader context of the Australian Nursing and Midwifery Federation (ANMF) and its members' concerns with the state of the Australian aged care sector, the ANMF's national campaign for staff ratio laws, recent Government announcements regarding aged care, and the ongoing Royal Commission into Aged Care Quality and Safety (the Commission), the present study had the objective of examining the following issues:

- Current concerns in aged care
- Adequacy of staffing levels and skills mix
- Adequacy of care delivery in residential aged care facilities
- Suggested improvements necessary of aged care
- Voting intentions relating to aged care

Background

In 2016, the ANMF undertook its first national aged care survey. Almost two and a half thousand individuals participated in the survey comprising 1,724 aged care nurses and care workers and 699 community members, mostly relatives of people in aged care (ANMF, 2016). This initial survey was undertaken after more than a decade of ANMF campaigns calling for improvements in aged care to both increase and ensure safe, quality care for recipients of care and satisfactory working conditions for aged care staff.

Aged care in Australia has been in the spotlight and a key issue for the ANMF for many years, the ANMF has drawn attention to the shortcomings in the system, highlighting to governments, regulatory bodies, key stakeholders, the media, and the community critical issues related to the quality of care delivery. In 2016, safe staffing in aged care, including a mandated requirement for 24 hour registered nurse cover for all high care residents, was one of the ANMF's four key issues for the 2016 Federal Election and was one of the central planks in the ANMF's Federal Election campaign, *If you don't care, we can't care*.

In early 2018, the ANMF launched a new national campaign for safe staffing in aged care *Ratios for aged care, make them law NOW*. In September 2018, following an exposé on residential aged care by the ABC's Four Corners program, the Prime Minister announced the establishment of a Royal Commission into aged care quality and safety (Royal Commission, 2018). The Commissioners are due to provide an interim report by 31 October 2019 and a final report by 30 April 2020.



At the preliminary hearing, Commissioner Lynelle Briggs outlined the Commission's line of inquiry noting that they would examine existing policy, regulations and practices to deliver better outcomes to those receiving aged care amid growing concerns that the aged care system is faltering in certain areas of safety and quality and that it may not be fit for purpose. Key themes under examination would include quality and safety, young people with a disability, future challenges and opportunities and workforce implications.

At one of the first Commission hearings in Adelaide in 2019, the ANMF was called upon to provide a witness statement and give evidence. At the core of the ANMF's witness statement were the following key themes:

- The problems in the Australian aged care sector are well-known, well-documented, and of increasing national disquiet and concern.
- Shortcomings and instances of inadequate care are neither isolated nor exceptional, but reflect systemic problems in the structure of the aged care system, including: inappropriate regulation of the sector; a lack of responsiveness to the changing needs of Australia's ageing population; and, a lack of transparency and accountability across the sector.
- The legitimate expectations of those in receipt of residential care, their families and the community to receive safe, quality care can be met by the provision of safe nursing care (including personal care) delivered by best practice.
- Evidence-based staffing models to ensure the provision of adequate numbers of appropriately qualified staff are fundamental to meeting the needs of residents and the high standards of quality and safety in aged care services.
- The funding and regulatory regime applying to the system must be directed to ensuring that adequate numbers of appropriately qualified staff, in accordance with an evidence-based staffing model, are available to deliver care.

At the same hearing, the ANMF also provided evidence drawn from the 2016 national aged care survey and alerted the Commission of the work already underway to repeat the survey in 2019.

This report presents the results of the 2019 ANMF national aged care survey which was made available to aged care sector staff and community members shortly after the first Commission hearings. This report focusses largely upon responses provided by participants in 2019 and provides comparative results with the 2016 results where relevant. Some questions were updated slightly to reflect the contemporary context of aged care in 2019 and where this has occurred, this is reported in the results below. The present report focusses upon the responses provided by staff member participants while a companion report will present and analyse the responses provided by community members.



Methods

Participants

Two broad population groups were eligible for participation; ‘aged care staff’ - those that work within the aged care sector including nurses, carers, aged care workers (assistants in nursing – AINs, personal care attendants – PCAs, personal care workers – PCWs) and other staff as well as ‘community members’ - residents of aged care facilities, their family, relatives, and friends.¹

Recruitment

The survey was open to prospective participants from 26 March to 12 April 2019 and was hosted on the ANMF Federal Office website. The surveys were promoted via social media (Facebook, Twitter), ANMF communications with members, and by the State/Territory Branch offices of the ANMF to their members.

Survey tools

Two separate Survey Monkey® forms were used; one for aged care staff and one for community member participants. The staff survey incorporated 23 questions (see Appendix I) and the community member survey had 15 (see Appendix II). Both included a mix of demographic items, multiple choice items, yes/no items, and free-text questions. Largely, the survey replicated that which was used by the ANMF in the 2016 national aged care survey, with some modifications made to questions and response options to update the survey in regard to the contemporary context. Changes from the original 2016 survey have been highlighted in this report.

Both surveys were preceded by clear information explaining the purpose of the survey, that participation was voluntary, that participants would be deidentified and their personal details kept confidential, and what results would be used for. Participants were given the option to provide contact details if they wished to confidentially speak to an ANMF staff member regarding the survey.

Data analysis and reporting

The data collected from respondents was analysed using simple descriptive statistics and frequency counts.

Options for open-ended responses were provided for several questions, allowing participants to either provide additional information in relation to their answers or to provide an extended example or story. One of the final questions of the survey invited participants to provide an extended comment or story in relation to aged care. Participants were given the option to request that this story be kept confidential, so quotes from those requesting confidentiality have not been included in this report.

¹ Responses provided by community members will be presented and analysed in a forthcoming companion report.



Many participants provided extended responses to one or more of the survey questions. Every extended response was read and re-read by at least one author in relation to the question and a process of inductive qualitative analysis was applied to develop common themes or categories. This approach was based upon the general inductive approach for analysing qualitative evaluation data described by David Thomas (Thomas, 2006). This approach was used to enable the synthesis of raw textual data into a summary format and to establish distinct links between the research objectives and findings derived from the data. While many responses were lengthy (e.g. a few sentences to a paragraph), others were shorter, with only a few words or a sentence. All responses were read, and where possible, direct quotes from participants have been provided (where permission was received to do so) that were deemed by the authors to best represent the themes identified in the broader data.

Where possible, frameworks depicting the underlying structure evidence within the responses of participants have been provided. For some survey questions clear relationships between emerging themes were noted through the process of analysis, these have been presented as such, demonstrating that higher level themes can be understood to be made up of a range of related subthemes. Other questions elicited responses that did not appear to be able to be represented in this manner, rather, they uncovered a range of factors or issues that participants raised in relation to a particular question or topic. Qualitative data of this kind has been presented differently to demonstrate that clear interrelationships between themes were not noted in the data.

Following in-depth familiarisation with the qualitative data, two authors undertook the process of qualitative analysis; one author leading the process and discussing with the other where issues or uncertainty occurred. The results of the qualitative analysis thus represent a process of consensus based on induction, allowing clear lines of reasoning from data to themes to arise alongside a process of cross-checking and refinement.



Results

Participant demographics

Overall, 3,129 individual people answered at least one question for both surveys combined, including 2,775 people who identified as working within the aged care sector and 354 who identified as aged care residents or family, or friends of residents. Figure 1 depicts the numbers of staff and community member participants by State/Territory.

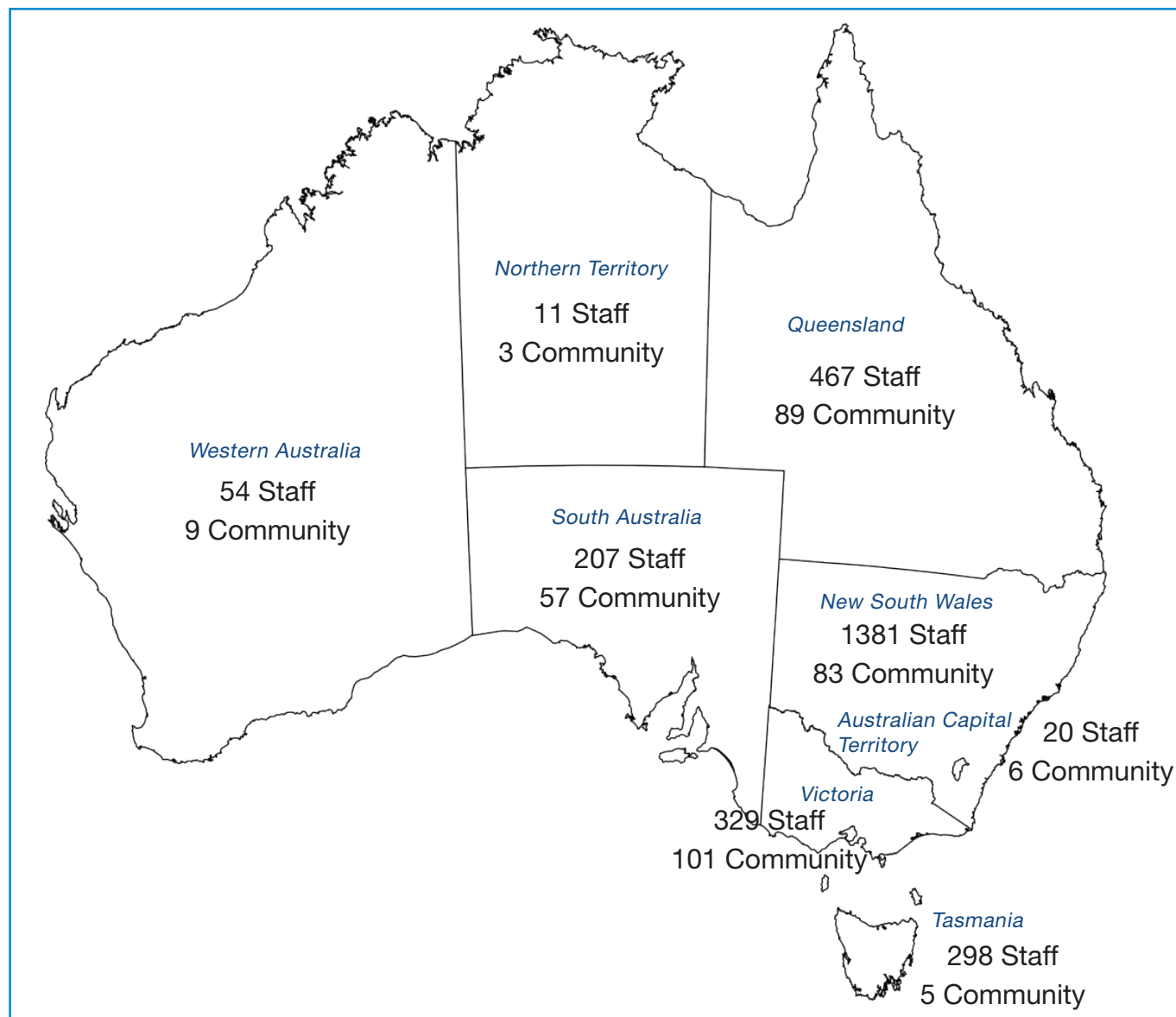


Figure 1: Staff and Community Member Participants by State/Territory



ANMF NATIONAL AGED CARE SURVEY 2019 - FINAL REPORT

Some participants identified as both working within aged care and as family or friends of residents. Table 1 summarises the overall profile of aged care staff participants by State/Territory.

Table 1: Profile of Aged Care Staff Participants

	NSW	ACT	VIC	SA	TAS	WA	NT	QLD	TOTAL	No Response
Participants	1381	20	329	207	298	54	11	467	2767	8
Employment classification										
Registered nurse	619	8	110	73	127	25	6	193	1162	10
Enrolled nurse	119	2	85	61	77	7	4	78	434	
AIN/PCA/PCW	442	7	86	47	53	11	1	140	791	
Nurse practitioner	6			1	2			2	11	
Manager	85	1	13	10	14	2		15	140	
Therapist	2		4	1				4	11	
Cook/kitchen duties	3		2	1					6	
Domestic services	1		1						2	
Other	100	2	28	11	23	8		35	208	

Geographic region

Staff participants (N = 2,767) from all States and Territories responded to the survey with the largest number of participants – around half of all participants - (n = 1,381) residing in New South Wales (NSW). Figure 2 shows the breakdown of participants by State and Territory.

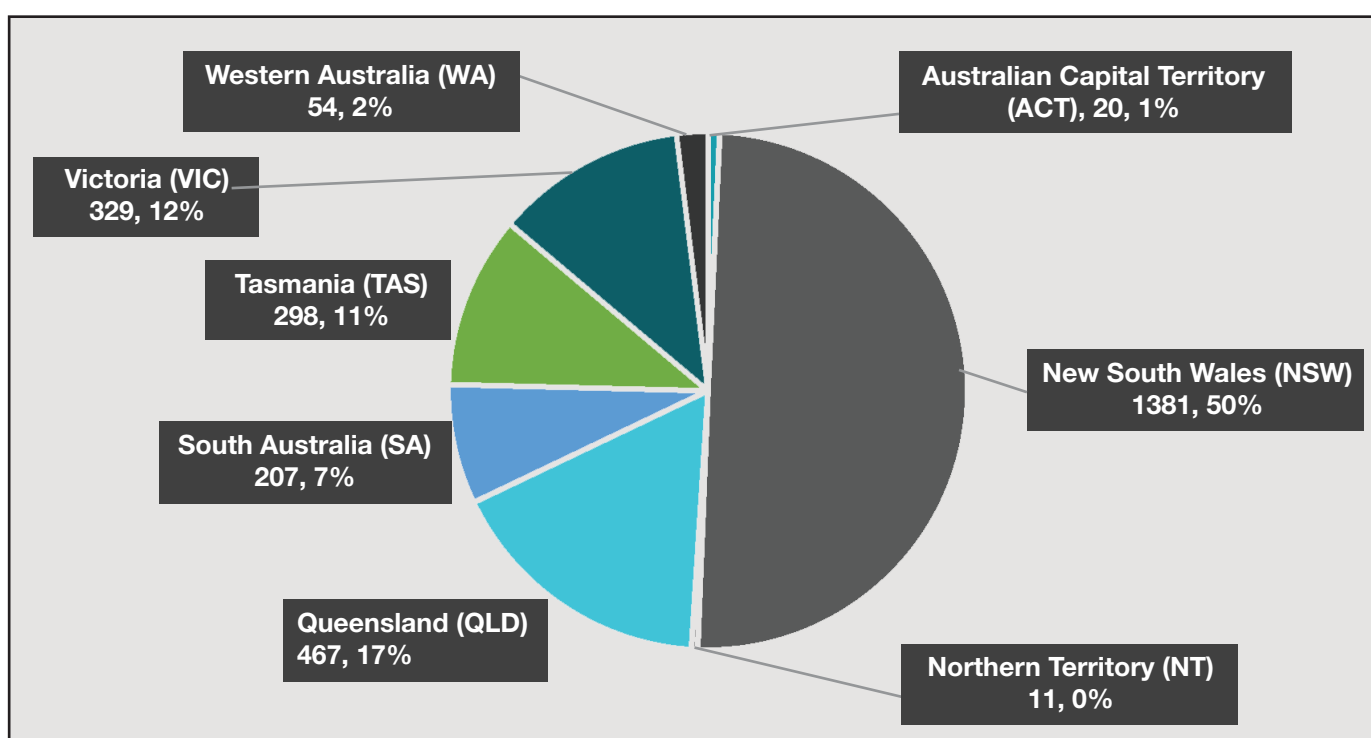


Figure 2: Staff Participants by State/Territory



Out of 2,680 people who responded to a question regarding where they worked, there were almost equal numbers of staff participants that identified as working in metropolitan areas (n = 1,033/ 38.5%) and regional areas (n = 1,076/ 40.1%). Almost a quarter (n = 540/ 20.1%) worked in a rural area and 31 (1.1%) worked in a remote area.

Aged Care Staff Employment Classification

Staff participants were asked to report their employment classification with 2,765 providing a response. The largest group of staff identified themselves as registered nurses (n = 1,162/ 42%), with 791 (28.6%) identifying as AINs/PCAs/PCWs, and 434 (15.7%) as enrolled nurses. Figure 3 provides a breakdown of participants by self-reported employment classification.

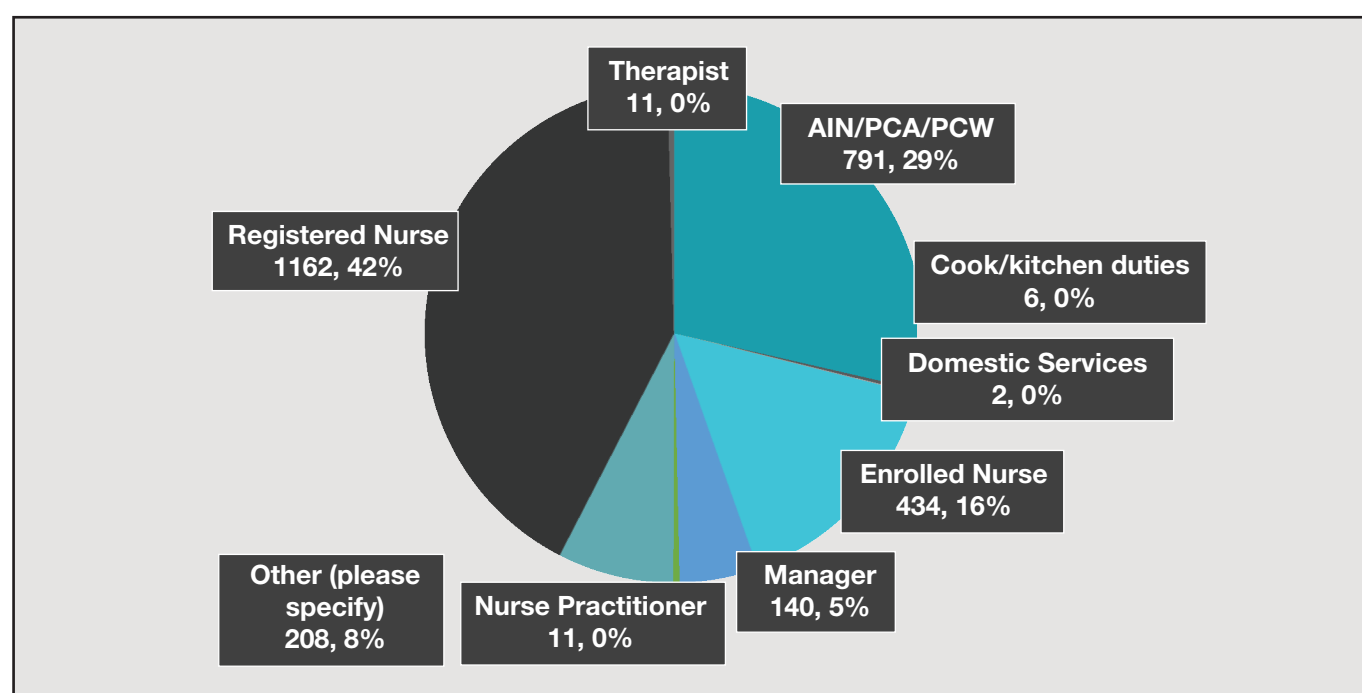


Figure 3: Staff Participants by Employment Classification

Aged Care Staff Employment by Sector

Participants were asked to report the sector within which they were employed with 2,748 providing a response. Most participants (n = 1,204 / 43.8%) reported working within in not-for-profit residential aged care, with 810 (29.4%) working in for-profit aged care, 216 (7.8%) in public or private hospitals, and 166 (6%) in public/government-owned residential aged care. Figure 4 depicts the employment of staff by sector. Participants who specified that they were working in an 'other' sector (n = 184/ 6.7%) worked both within and outside aged care and included home and community nursing services, nursing agencies, general and medical practices, education and government departments.

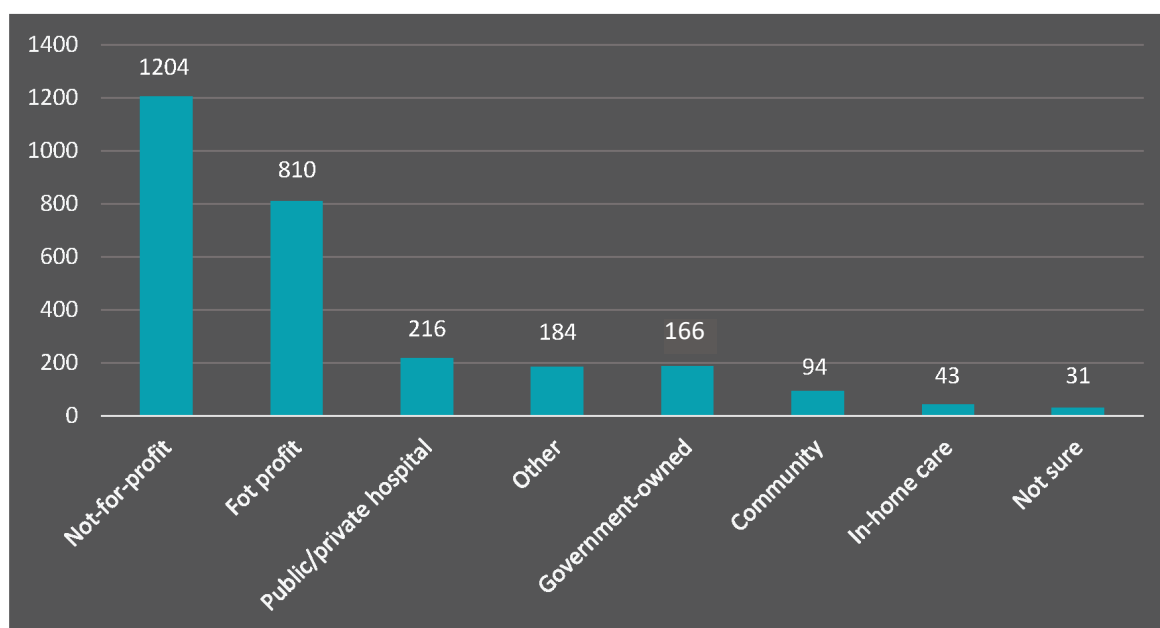


Figure 4: Aged Care Staff Participants Employment by Sector

Issues of greatest concern

Participants were asked to identify from a list of options which issues most concerned them in relation to aged care. Participants were able to select more than one issue and were also able to provide open ended responses. Selectable issues of concern were separated into two sub-sections: general issues, such as staffing levels, funding and staff training/qualifications and issues specifically related to clinical and personal care delivery, under the heading – ‘standards of care’ – e.g. dementia management, wound management and medication management. The 2019 survey included several new response options; ‘greater transparency and accountability for the use of Government funding’, and standards of care: ‘violence, abuse or aggression’, ‘physical and/or chemical restraint’ and ‘dementia management’. These options were included both to reflect the 2019 context and to provide more detail on clinical concerns often encountered in aged care.

Of the 2,767 participants who provided a response to this question, at almost 91% (n = 2,517) having ‘adequate staffing levels for meeting basic care needs’ (e.g. are there enough nurses and care-workers in total?) was the most selected issue of concern. This was closely followed by ‘adequate staffing levels for providing high care’ (e.g. are there enough registered nurses for high care residents?) with 82.5% (n = 2,285) participants identifying this as one of their greatest concerns. The third and fourth most commonly selected concerns were ‘standards of care – dementia management’ (n = 1,731/ 62.5%) and ‘levels of experience and qualifications held by nursing staff’ (n = 1,690/ 61%). Concerns that were identified by over 50% of participants were: ‘standards of care – appropriate time for bathing’ (n = 1,541/ 55.6%), ‘standards of care – assisting with feeding’ (n = 1,459/ 52.7%) and ‘current Commonwealth funding for aged care services’ (n = 1,430/ 51.6%).



Figures 5 and 6 below depict the issues of concern identified by staff participants.

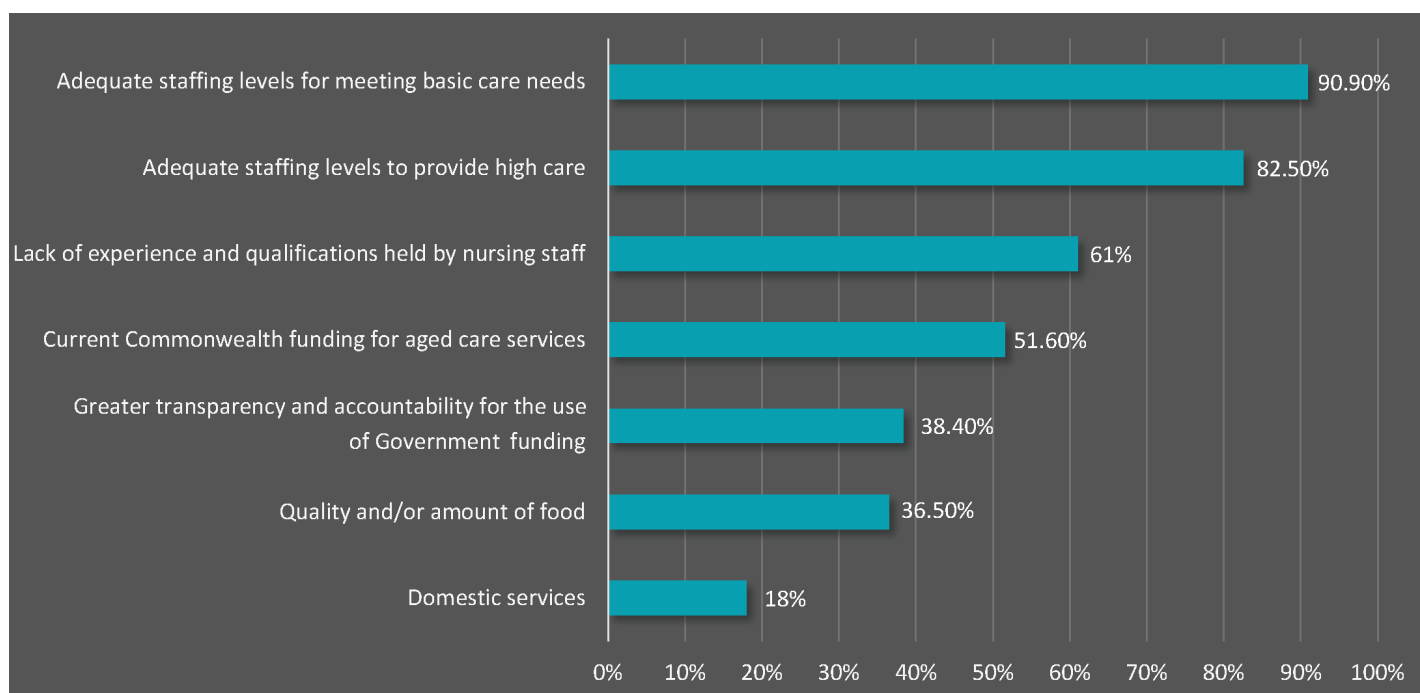


Figure 5: What issues are you most concerned about?

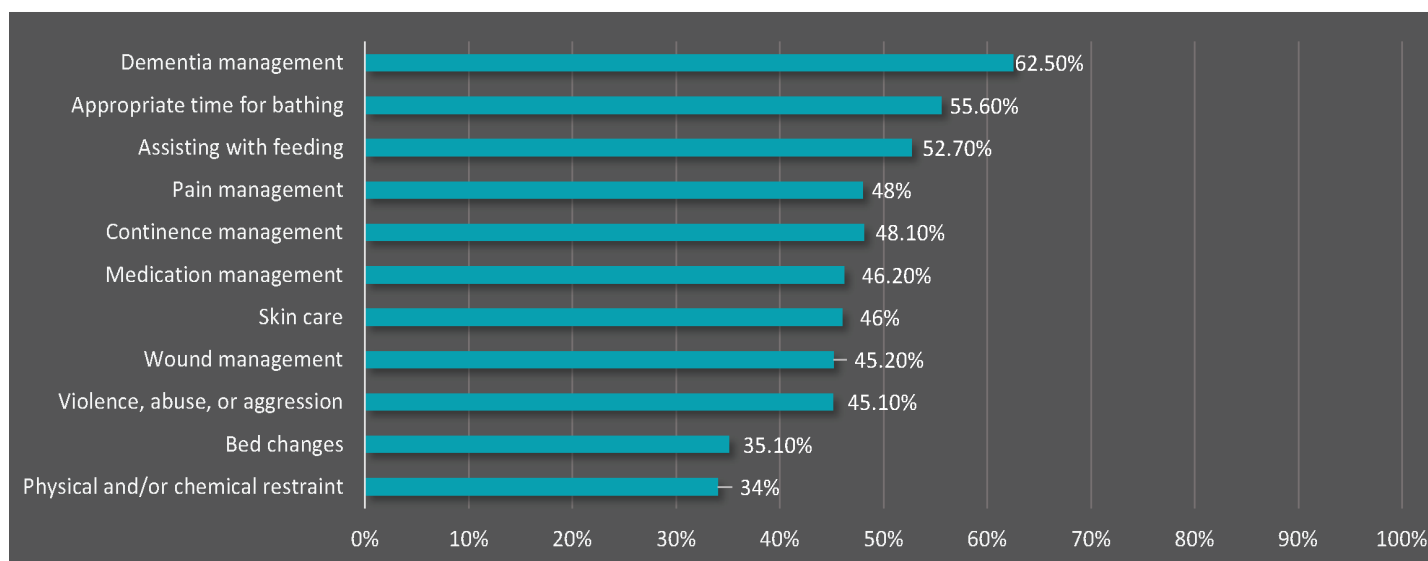


Figure 6: What issues (standards of care) are you most concerned about?



Comparison of 2016 and 2019 results: issues of greatest concern

Within the broader question asking participants to identify their concerns with aged care in Australia, several selectable options were identical in both the 2016 and 2019 versions of the survey (depicted below in Figure 7). In 2016, 1,713 staff members responded to this question while in 2019, 2,767 responded. For most options, there was considerable consistency between percentages of participants identifying issues of concern in 2016 and 2019.

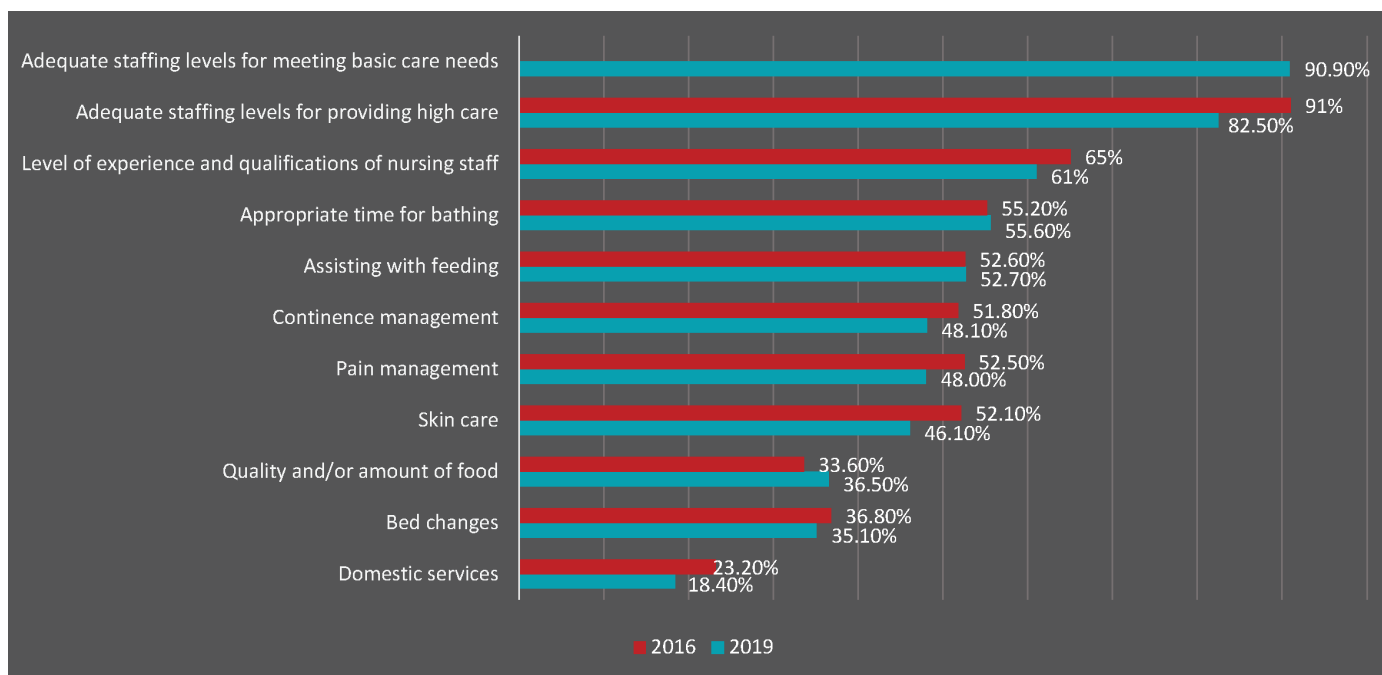


Figure 7: Staff Concerns with Aged Care (2016 versus 2019)

Adequacy of staffing levels for meeting care needs – Subgroup analysis by employment classification

Within the broader question asking participants to identify their concerns with aged care in Australia both the 2016 and 2019 surveys included selectable items regarding ‘adequacy of staffing for high care needs (e.g. are there enough registered nurses for high care residents?)’. In 2016, 698 (95.3%) of registered nurses who responded to this question identified this as among their concerns, 373 (86.9%) AIN/PCA/PCWs identified this, and 294 (91.5%) of enrolled nurses identified this also. In 2019, the percentages of different staff who selected this item as an issue of concern dropped for each group; 1,038 (89.3%) or registered nurses, 570 (72%) of AIN/PCA/PCWs, and 355 (81.8%) of enrolled nurses. These results are depicted in Figure 8.

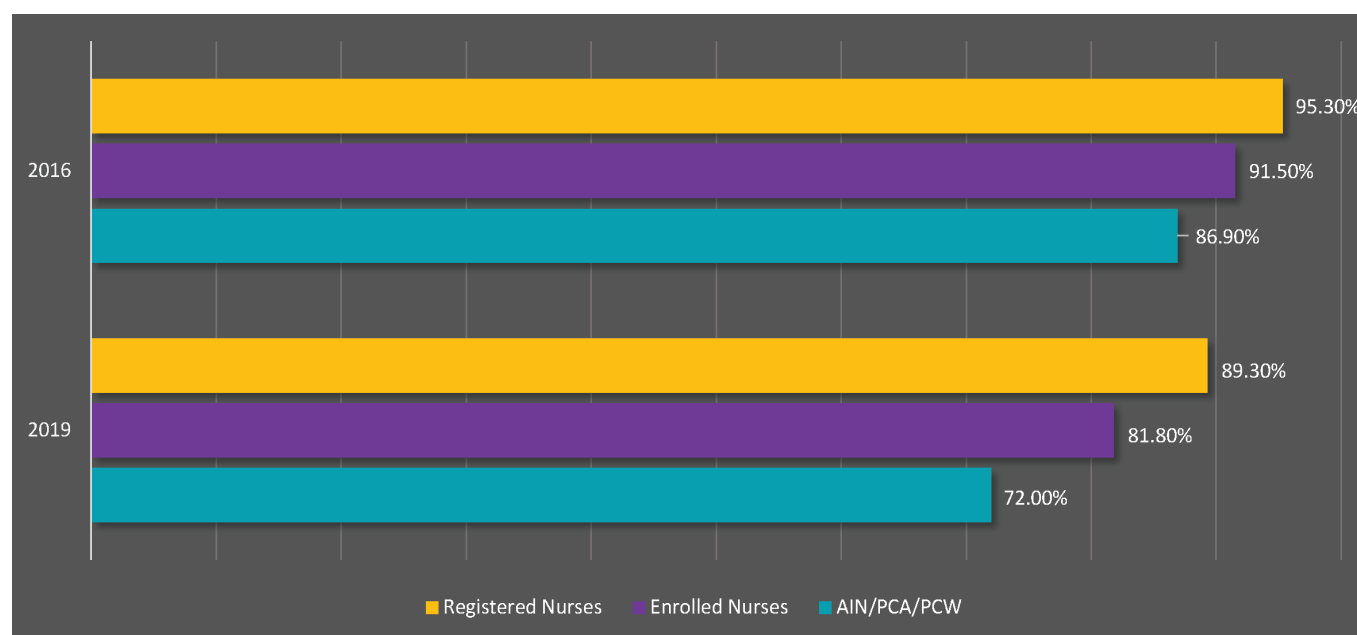


Figure 8: Issues of Concern - Adequacy of staff to meet high care needs (2016 versus 2019) comparison by employment classification

A new selectable option was added to the 2019 survey: 'Adequate staffing levels for meeting basic care needs (e.g. are there enough nurses and care-workers in total?)'. Figure 9 shows that 1,162 (90.1%) of registered nurses, 434 (93%) of enrolled nurses, and 791 (92.1%) of AIN/PCA/PCWs selected this as an issue of concern.

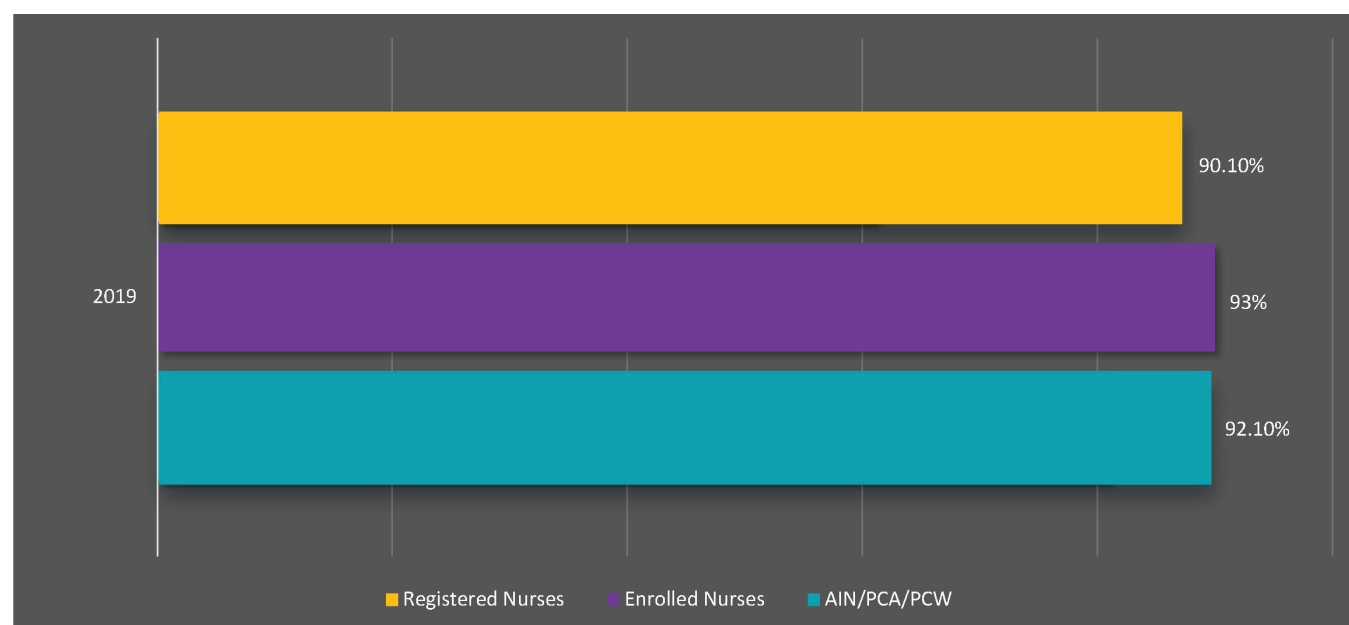


Figure 9: Issues of Concern - Adequacy of staff to meet basic care needs (comparison by employment classification - 2019)



Qualitative analysis of aged care staff members' concerns with aged care

Aged care staff members were offered opportunities to provide further in-depth details regarding their concerns with aged care; 15.6% (n = 433) of 2,767 participants who responded to this question selected 'other (please specify)' and provided further details. The themes in Figure 10 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences. From the 433 extended responses provided by participants, three major themes, 'safety of staff', 'staffing inadequacies' and 'safety of residents', and several contributing subthemes were identified.

The theme, **safety of staff**, which incorporated the subthemes of; 'abuse, violence, aggression', 'bullying and harassment', 'physical safety' and 'professional safety' highlighted the increasing pressure and stress on workers in the aged care sector. As identified by the sub-themes this encompasses increasing pressure from relatives and families, management and employers, and increasing physical and professional strain.

Staffing inadequacies, comprising the sub-themes 'ratios, numbers & skills mix', 'lack of aged care qualifications/training', 'wrong attitude' and 'lack of English' identified that the factors contributing to participants' major concern of inadequate staffing levels included not just a lack of numbers of the right staff but also a lack of appropriate training, aptitude, and communications skills necessary for the sector.

The third major theme, **safety of residents**, comprising the sub-themes 'inappropriate care' and 'lack of respect', highlighted participants' views that the safety of residents is currently at risk because certain management practices, coupled with factors identified above, and what they identified as an overall lack of respect, lead to a lack of safe and quality care for residents.



Safety of staff	Abuse, violence, aggression (from residents/family members)	<p><i>“Violence towards staff. Staff role moving from respected nurse/caregiver to now seen as a domestic servant by residents, families & management, also expect us to bow & scrape, but also undergo more and more training in medical knowledge.”</i></p> <p><i>“Physical, verbal violence towards staff from residents and family.”</i></p> <p><i>“Violence and aggression towards staff – esp towards carers by residents with dementia and mental illness.”</i></p>
	Bullying and harassment (from management/hierarchical bullying)	<p><i>“Culture within the care home, with management untrained in dealing with people, often use power unfairly and bullying is unchecked even though policies are supposed to be zero tolerance to bullying. This creates less than desirable care for the residents as the ultimate result and unhappy staff.”</i></p> <p><i>“Bullying, intimidation and scapegoating from management, which reduces everyone’s confidence which in turn can also affect how we work for our residents (such attitudes towards floor staff makes for clouded thinking and stressed minds).”</i></p>
	Physical safety (regarding workloads, staffing, resources)	<p><i>“Poor occupational health and safety standards are leaving nurses with chronic pain, back injuries, shoulder injuries, hip & disc injuries.”</i></p> <p><i>“Ongoing excessive workloads for nurses and care staff working in residential care homes. This is resulting in burnout, sickness and staff calling in sick... there is very low morale throughout the staff.”</i></p>
	Professional safety (de-skilling, working beneath/above scope of practice)	<p><i>“I totally get the need for customer focused care, however what if the family want one thing and the resident’s best interest is another. How do we protect our registration when the family wants one thing but best practice dictates another?”</i></p> <p><i>“Supervision/reporting lines are not correct, e.g. RNs are having to report to EN clinical managers and PCAs are overseeing the completion of nursing assessments for ACFI funding purposes.”</i></p>



Staffing inadequacies	Ratios, numbers, skills-mix	<p><i>"Shockingly low levels of staff, all the time and especially at night and on weekends."</i></p> <p><i>"Inadequate staffing and replacement of staff sick leave on already low ratio of care. Inability to take break as only 4 staff rostered for night shift and caring for 90 high care residents in 6 wings within enormous building."</i></p>
	Lack of aged care qualifications/training	<p><i>"Training of students is not adequate. Too much is expected of overworked staff to be able to properly help students when they do on the job training."</i></p> <p><i>"AINs with insufficient medication knowledge and training handing out medication. I have never seen them assess the resident after the administration of medication. They often do not know what the medication is and don't know the adverse reactions or side effects. [They] turn on the oxygen without checking how many litres etc, don't even know how many litres resident is supposed to be on."</i></p>
	'Wrong' attitude	<p><i>"Identification of staff not appropriate to be employed in the aged care sector."</i></p> <p><i>"Quality of staff, not just people getting an easy qualification, people actually need to care."</i></p>
	Lack of English	<p><i>"Staff dealing with dementia residents when English is their second language causing HUGE communication issues."</i></p> <p><i>"English as a second language and being able to understand and communicate not only with team members but more importantly residents' requests and whilst assisting them."</i></p>



Safety of residents	Inappropriate Care	<p><i>“Management harassment and bullying to meet work demands such as waking residents for medication and showering before 6.30am to reduce workload of morning shift. Then having no staff to supervise or assist residents to avoid falls etc because the staff are engaged in showering at an inappropriate time. It goes against the standard of promoting sleep and wellbeing of resident.”</i></p> <p><i>“Ridiculous amount of time spent on paperwork to meet ACFI requirements equaling less quality time to spend with residents.”</i></p>
	Lack of respect	<p><i>“Meeting residents emotional needs and not being left feeling unsafe, uncared for in residential facilities due to lack of safe staffing ratios. No person should be forced to lose their dignity due to a lack of staffing.”</i></p>

Figure 10: Themes Related to Staff Concerns with Aged Care

Aged care funding

Adequacy of current aged care funding (2016 versus 2019)

Participants were asked whether they thought that current funding of aged care is adequate to meet the needs of aged care residents. The results from 2016 and 2019 are presented in Figure 11.

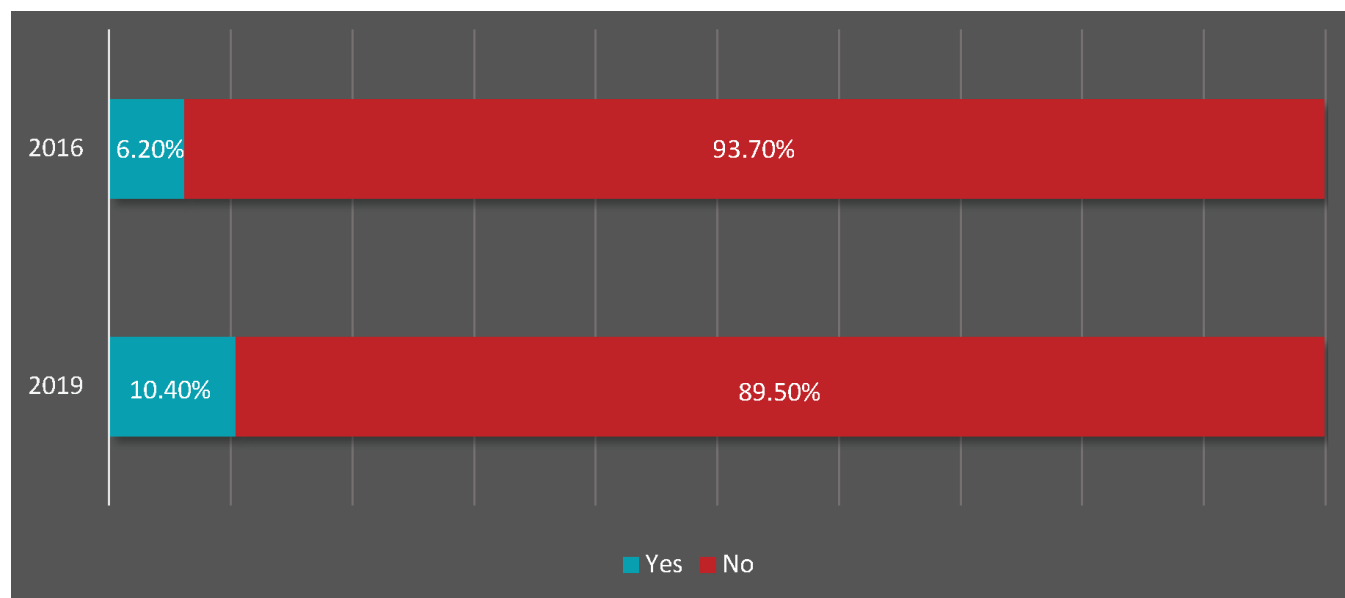


Figure 11: Is Current Funding of Aged Care Adequate? (2016 versus 2019)

In 2019, 2,670 staff members responded to this question with 2,392 (89.5%) indicating that funding was deemed to be inadequate. This was a slight reduction from 2016 results where 1,672 staff members responded with 1,568 (93.7%) indicating that funding was inadequate.



Qualitative analysis of aged care staff members' concerns with adequacy of funding of aged care

Aged care staff members were offered opportunities to provide further in-depth details regarding their thoughts about the adequacy of funding for aged care; 63% (n = 1,696) of 2,670 participants who responded to this question opted to provide further details in relation to their answer ('yes' or 'no') to whether they thought funding was adequate. The themes in Figure 12 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences.

From the 1,696 responses, the major theme identified was that **funding does not meet residents' care needs**. Three sub-themes which highlighted the key reasons this was occurring were also identified: 'lack of transparency/accountability for funding', 'insufficient funding' and an 'inappropriate funding model'.

Respondents to this question observed that although significant government, and other, funding is directed to residential aged care, it does not necessarily result in the provision of safe and quality care. They further observed that this was due to a lack of transparency/accountability for funding, insufficient funding in total and the use of an inappropriate funding model, which does not effectively or accurately measure the broad range of care needs among the current population of aged care residents.

Further analysis of participants' responses identified that the sub-theme, lack of transparency/accountability for funding, comprised four elements: 'misdirection of funding/poor allocation', 'prioritisation of profit', 'lack of transparency regarding residents' fees', and 'abusing the funding system'. Respondents highlighted that because of the lack of transparency, funding is frequently prioritised to areas other than care provision, including profit, that residents frequently do not receive the service they pay for and that they are on occasion requested to manipulate the funding system to maximise the funding outcome.

Funding does not meet residents' care needs	Lack of transparency / accountability for funding	Misdirection of funding/ poor allocation (funding not used for care)	<p><i>"It's not the amount of money available – it's the correct use of money in EACH business."</i></p> <p><i>"I see a great deal of \$ wasted on compliance and "selling" the product to relatives. Money is not being allocated to appropriate areas."</i></p> <p><i>"Management do not recognise any issues for residents, it's just about money."</i></p>
		Prioritisation of profit (for-profit and not-for-profit)	<p><i>"When the motivation is profit the first thing to suffer is the level and quality of staffing with a commensurate decrease in quality."</i></p> <p><i>"I believe funding would be adequate if the priority was more about care and less about profit."</i></p> <p><i>"Companies do not want to decrease their profit, because of less funding, less staff, more pressure on nurses, they always say 'push your limits.'"</i></p>



		<p>Lack of transparency regarding residents' fees (residents pay but aren't cared for)</p>	<p><i>"When the residents we look after pay so much to be there but they run out of continence aids, food is terrible, no good activities tailored to the residents, not enough staff to care for the residents leaving them feeling abandoned, the list goes on."</i></p> <p><i>"Residents I have looked after have had to sell their properties and assets to enter a facility. They are also charged extra by the facility for activities, toiletries, podiatry, physiotherapist and to have a seat in the bus for outings."</i></p>
		<p>Abusing the funding system (staff asked to lie to artificially inflate costs)</p>	<p><i>"Staff are intimidated by management/ACFI coordinator to document [that] residents are being provided complex/care needs that they do not receive or require. If untruthful documentation not completed by staff we are told by management they will not provide additional staff that are needed to provide safe and sufficient care for our residents' increasing high care needs. Management are admitting high care residents and receiving optimum daily payments but not providing sufficient staff to adequately meet the residents' daily assessed care needs."</i></p> <p><i>"Often I am requested to lie when I do clinical paperwork so we get more funding."</i></p>
	Inappropriate funding model	<p><i>"It's a tool designed to focus on the disability of a resident – direct conflict with our standards and current practices around enablement... the tool is flawed, cumbersome and does not truly reflect where resources need to go."</i></p> <p><i>"The paperwork is cumbersome and unnecessary and staff should not have to continually prove that someone is high care....I reject and quite frankly hate the term "ACFI specialist, champion or coordinator". These are valuable registered nurses whose time could be better spent on the floor doing what they are trained to do."</i></p>	
	Insufficient funding (to provide care that funding is awarded for)	<p><i>"I believe we need more funding so we can have more staff to adequately and safely attend to the needs of aged care residents at the same time and equally as important not put staff at risk of injury or stress overload."</i></p> <p><i>"The funding is not adequate because it does not allow for adequate care to be given to the clients."</i></p> <p><i>"ACFI funding helps pay wages and care for residents and there are not enough funds to support both with the current high needs of our residents and the high requirements of the auditors. We are being set up by the government to fail."</i></p>	

Figure 12: Themes Relating to Adequacy of Funding for Aged Care



Staffing levels

Adequacy of current staffing levels (2016 versus 2019)

Participants were asked whether they thought that the current staffing levels at their facility were able to provide an adequate standard of nursing and personal care to residents. The results from 2016 and 2019 are presented in Figure 13.

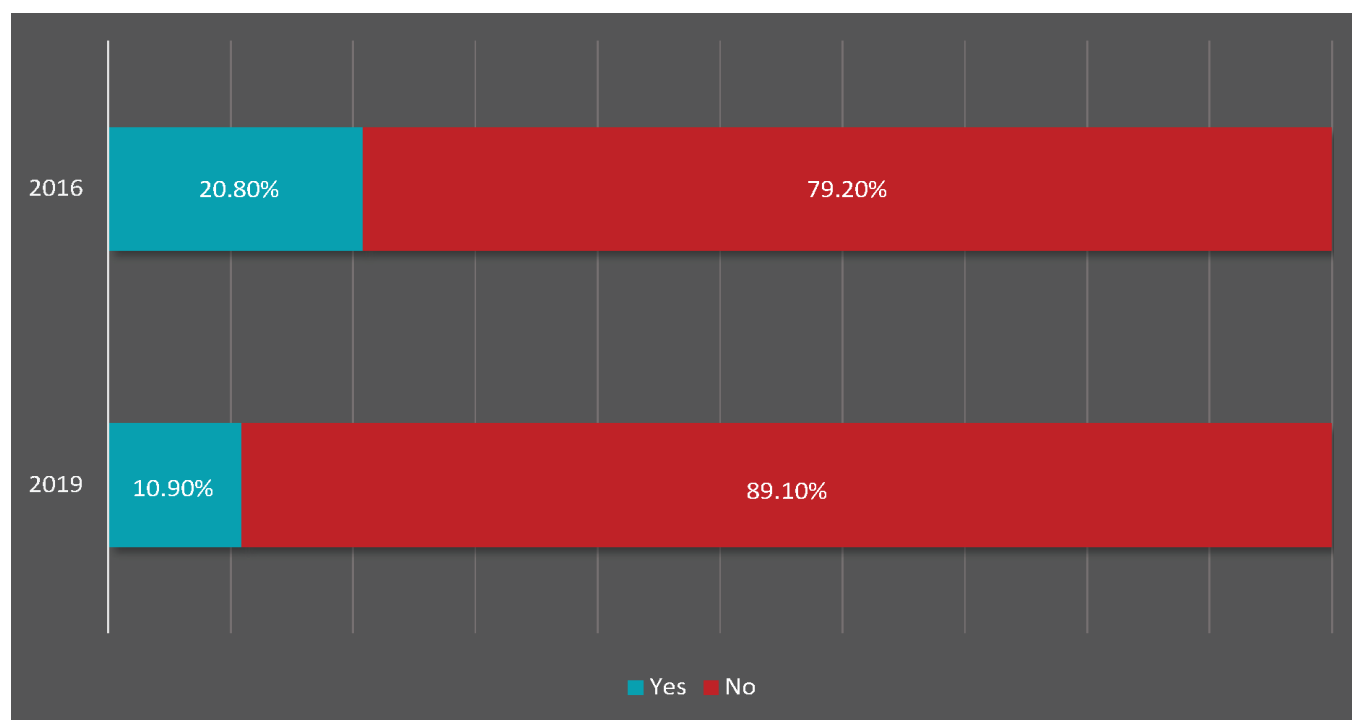


Figure 13: Are the Current Staffing Levels at Your Facility Adequate? (2016 versus 2019)

In 2019, 2,700 staff members responded to this question with 2,406 (89.1%) indicating that staffing was inadequate. This was an increase from the 2016 results where 1,654 staff members responded with 1,310 (79.2%) indicating that staffing was inadequate.

Qualitative analysis of aged care staff members' concerns with staffing related to the provision of adequate standards of care

Aged care staff members were offered opportunities to provide further in-depth details regarding their thoughts about the relationship between staffing and the provision of adequate care; 72% (n = 1,937) of 2,700 participants who responded to this question opted to provide further details in relation to their answer ('yes' or 'no') to whether they thought staffing was adequate. The themes in Figure 14 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences.



From the 1,937 responses, the major theme identified very strongly was that there is a **‘lack of staff’** at all levels, from cleaners and support staff to care workers and nurses. Responses identified that this led to missed care, including high care needs such as wound care, and basic care needs such as toileting and showering/bathing, as well as missed documentation and paperwork. Responses also indicated that the lack of staff means that any deviations from ‘routine’ care, including call bells, and unexpected incidents, such as falls, are often not able to be managed effectively or can only be managed at the expense of other care provision. The lack of staff also led to increasing expectations and pressure on staff both through requirements to meet newly imposed protocols and the need to work extra hours to meet these expectations. These issues are represented by the sub-themes: ‘missed care’, ‘deviations from routine’ and ‘unpaid overtime’.

A further theme identified from participants’ responses to this question was that aged care providers are refusing to accept residents with ‘low care’ needs opting for ‘high care’ needs residents to maximise funding without consideration of the impact on staffing. This is indicated by the theme **‘provider refusal to take on ‘low care’ residents’**.

Lack of Staff	Missed Care	Missed ‘high’ care needs	<p><i>“We have 6 staff on duty at night for 120 residents including one RN. We cannot always effectively manage challenging behaviour issues of dementia residents whilst at the same time caring for others who have very complex health issues and receive little or no support from a management when things don’t go as planned.”</i></p> <p><i>“It’s impossible to provide appropriate nursing care to 92 residents. There is not enough time for critical thinking re nursing care etc.”</i></p>
		Missed ‘basic’ care needs	<p><i>“Residents missing out being fed, toileted... residents being parked in front of TV in dementia wings.”</i></p> <p><i>“Carers have around 15 minutes to get them [residents] ready in the morning which includes shower or bath, fixing their bed, linen change, tidy up whole room and bathroom, groom them nicely and many more...3 carers and just 1 RN for more than 140 residents overnight.”</i></p>
		Missed psychological/emotional care	<p><i>“Not enough time to make sure each resident is properly listened to and attended to as staff have to hurry to ensure everyone gets washed and fed – no time for anything else.”</i></p>



		Missed documentation and paperwork	<i>"Staff are unable to meet some of the basic needs and as a result documentation is being falsified or not completed."</i>
	Deviations from 'routine'	Call-bell protocols	<i>"We have a maximum of 5 minutes to answer bells. If you are in the middle of showering we have been told to leave that resident and go and tell the one ringing we will be back soon. The one we left will be sitting there freezing waiting for us to get back and as soon as you do the other one rings their bell again. Never ending circle. But if the bell is not answered in time we get reprimanded."</i>
		Unexpected incidents	<i>"To save money, the facility only hires one RN for the whole shift and doesn't provide trained support staff to help spread the load of completing all the necessary paperwork and tasks and dealing with frequent "out of routine" incidents like falls and skin tears, with each incident adding an additional hour at least to the shift load."</i>
	Unpaid overtime		<i>"RNs do not get allocated breaks (paid and unpaid) & work overtime unpaid just to get the physical work/paperwork done & provide safe, quality care. Management are fully aware and yet still threaten us with 'performance management'."</i> <i>"Staff always rushing to meet arbitrary time limits, staff working many days without adequate time off, staff working unpaid overtime to get paperwork done."</i>
Provider refusal to take on 'low care' residents	<i>"Understaffed and taking in high risk residents just to fill bed when they'd be better suited in dementia care."</i>		

Figure 14: Themes Regarding Adequacy of Staffing in Aged Care (Staff)



Staffing ratios (Registered nurse: other care staff)

Participants were asked whether they thought that the ratio of registered nurses to other care staff at their facility was adequate. The results from 2016 and 2019 are presented in Figure 15.

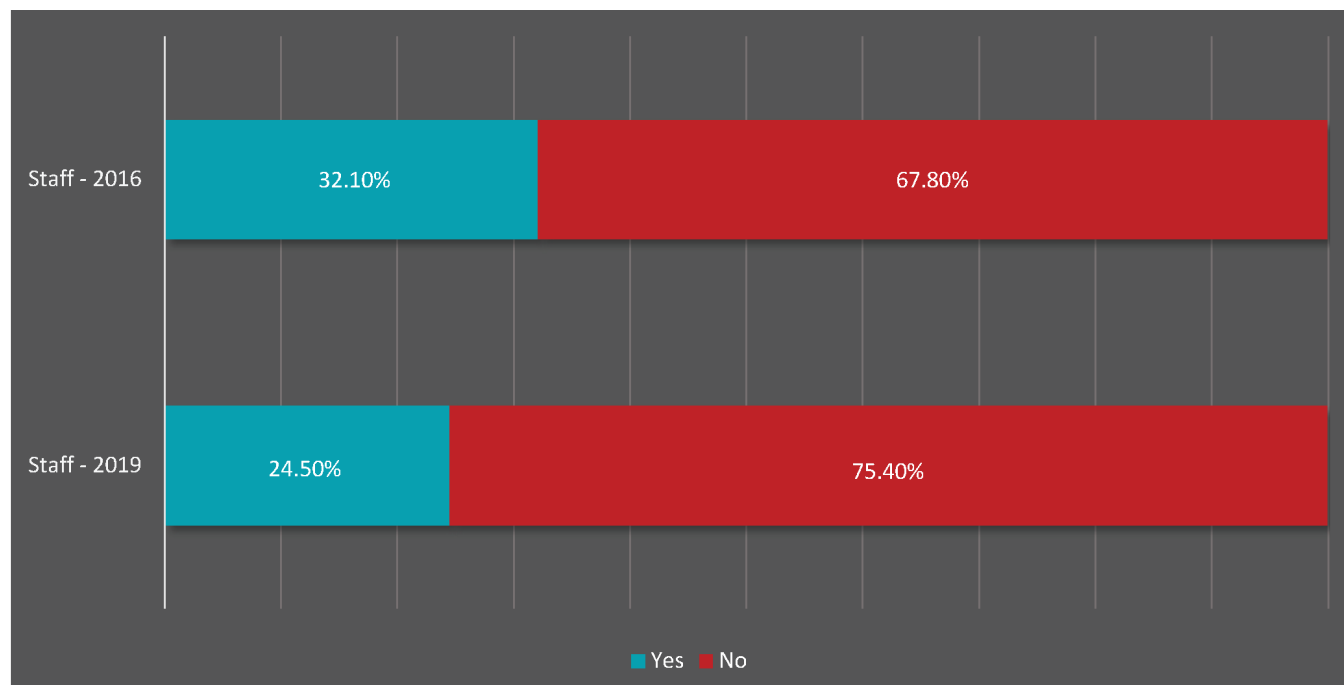


Figure 15: Is the Ratio of Registered Nurses to Other Staff Your Facility Adequate? – Staff and Community (2016 versus 2019)

In 2019, 2,694 staff members responded to this question with 2,032 (75.4%) indicating that staff ratios were inadequate. This was an increase from the 2016 results where 1,654 staff members responded with 1,122 (67.8%) indicating that staff ratios were inadequate.

Qualitative analysis of aged care staff members' concerns with registered nurse ratios in relation to other care staff

Aged care staff members were offered opportunities to provide further in-depth details regarding their thoughts about the ratios of registered nurses to other care staff in aged care; 59% (n = 1,596) of 2,694 participants who responded to this question opted to provide further details in relation to their answer ('yes' or 'no') to whether they thought the ratio of registered nurses to other care staff at their facility was adequate. The themes in Figure 16 below have been identified from the responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences.

Participants overwhelmingly identified that the ratios of registered nurses (RNs), both to other care staff, and staff to residents, were inadequate at their facilities. Their responses indicated widely varying ratios for RNs to residents with an average of approximately 1 RN: 100-150 residents. Specific examples included: *1 RN to 70 residents, 1 RN for 98 residents, 1 RN to 130 beds, 1 RN to 144 residents, 1 RN to 164 residents at night.*



Two main themes identified from participants' responses, **inappropriate pressure/responsibility onto less skilled/experienced workers** and **lack of suitable numbers/availability of registered nurses** highlighted the effects inadequate ratios of RNs have on care delivery and care staff, including nurses. These themes each comprised sub-themes which detailed how these effects occurred. The theme 'inappropriate pressure/responsibility onto less skilled/experienced workers' included the sub-themes: 'lack of support for graduates', 'use of enrolled nurses/care staff' and 'high reliance on overseas qualified staff'. While 'lack of suitable numbers/availability of registered nurses' included the sub-themes 'registered nurse workload' which led to RNs not being available to assist when needed, 'inappropriate utilisation of registered nurses' where RNs have to focus on administration tasks leaving no time for patient care, and 'varying availability of registered nurses on-site' where RNs are sometimes only on site during business hours.

Inappropriate pressure/responsibility onto less skilled/experienced workers	Lack of support for graduates	<i>"1 RN to 90 residents is not right. I have been working for 9 years, 5 as an EN. I work weekends and the brand new grad RN is given 2 buddy shifts Thursday and Friday, they are then left to run the facility. The pressure on me is insane. When I speak to management I am told I can handle it. I had one RN that was 2 weeks post grad, had never seen a dead body and cried, had no idea what to do."</i>
	Use of enrolled nurses/care staff	<i>"We ENs are coping with way too much, 1 emergency and we have no chance of finishing on time. We are expected to supervise the care staff, deal with their arguments, answer their calls for at time insignificant questions and do our own jobs. When care shifts aren't replaced management want us to assist the care staff as well."</i> <i>"PCs are administering meds, doing eye drops, applying lotions etc working outside their scope of practice as companies won't employ additional RNs etc. Staff being told they have to do meds as it's in their contracts."</i>
	High reliance on overseas qualified staff	<i>"Attracting and retaining staff with adequate aged care experience is almost impossible. We have had to sponsor overseas trained nurses which presents its own challenges. Many of these have developed into competent and skilled team leaders with good clinical skills but this has required a lot of support and mentoring... which means that our responsibilities are often neglected."</i>



Lack of suitable numbers/ availability of registered nurses	Registered Nurse workload	<p><i>"We only have 1 RN on the floor supervising 70 residents and 12 staff as well as doing her own work...I regularly see the RN crying under the pressure."</i></p> <p><i>"You simply can't supervise personal carers adequately to ensure residents get appropriate, safe and high quality care." "The ridiculous workload expected of RNs with no support from any other clinical staff is unsafe for residents and staff leading to burnout and health and safety issues, e.g. always finishing late after night shifts and evening shifts and management telling us you can't 'handball work to next shift or management'."</i></p> <p><i>"Buzzers go unanswered for prolonged periods, residents have falls because there aren't enough staff to supervise them when they mobilise, residents get left in the same position for hours on end, medication errors abound because everything is a mad rush, concerns that are reported by assistant nurses aren't always followed up on because the RNs are just flat out."</i></p>
	Inappropriate utilisation of registered nurses	<p><i>"I work in the facility with 120 residents and 2 RNs on the floor which is not safe at all to provide care. PCs made to administer medications to residents because RN is too busy doing administrative workload."</i></p> <p><i>"1 RN for 86 residents on each shift is totally inadequate. Too much paperwork required. A lot of the assessments required for ACFI are fund driven not care driven and are of no actual benefit other than ticking boxes to acquire funding."</i></p>
	Varying availability of registered nurses on-site	<p><i>"At my facility we have 1 RN for 80 residents, there is no RN on night duty. Some wound care should be done daily & is not due to too many wounds and limited time having only 1 RN."</i></p> <p><i>"[RNs] Monday to Friday from 0800 till 1600. But not on weekends, which is likely when they are needed as more families visit then and incidents tend to happen due to less staff on the floor."</i></p>

Figure 16: Themes Regarding Ratios of Registered Nurses to Other Aged Care Staff



Cost shifting

In 2016, participants were asked: “has cost shifting begun to occur in your facility to the resident or their family to pay for items that were once provided by the facility?”. In 2019, the question was slightly updated to improve understandability, as this was the question most frequently skipped by participants in 2016 where they were asked: “are residents and/or their families asked to pay for items that were once provided by the facility?” Results indicated that cost shifting from residential aged care facilities to residents and their family was less frequently noted by aged care staff in 2019 in comparison to 2016, however 37% (n = 914) of aged care staff members identified that residents and family members are now being asked to pay for items that were once provided by facilities, indicating that cost shifting does still occur in residential aged care. The results for both 2016 and 2019 are presented in Figure 17 below.

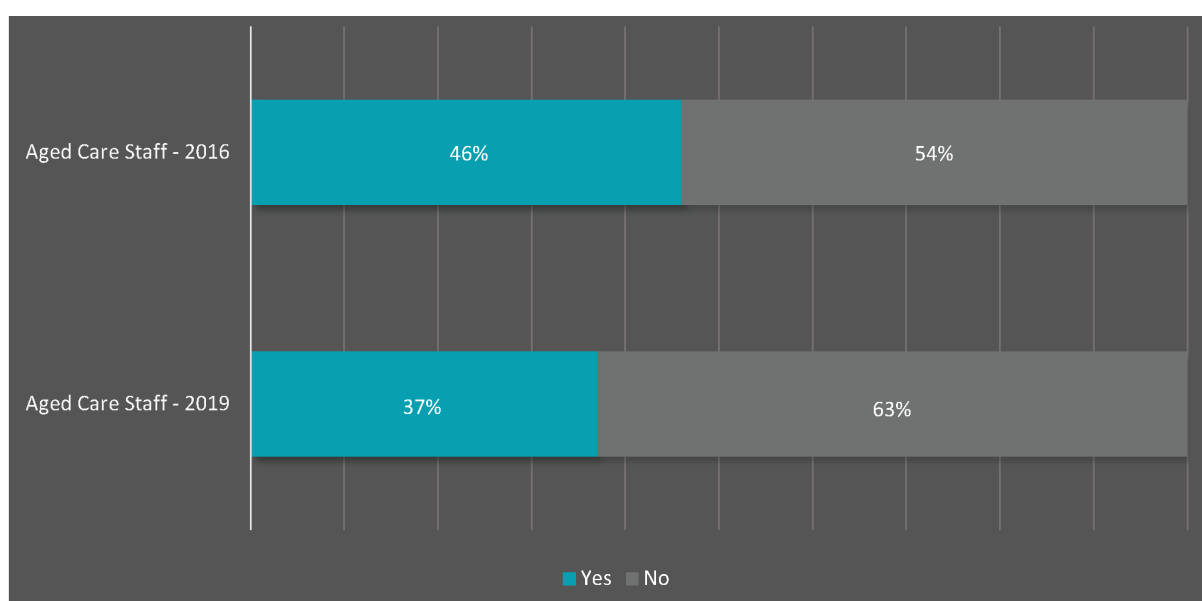


Figure 17: Cost Shifting from Aged Care Facility to Resident and Family (2016 versus 2019)

Further details in relation to cost shifting in aged care facilities were provided by some participants. These details primarily provided a list of the range of items that residents and families were now being asked to pay for by aged care providers rather than commentary which provided insights into why this is occurring. The range of items identified included, toiletries, skin moisture creams and related products, ‘pull-up’ and other incontinence pads, treats/food, wine, wound dressings, some equipment and on occasion, air conditioning.



Hospital transfers

In 2019 aged care staff members were asked: “are residents transferred to hospital for care that could be provided at the facility if there were more registered nurses or other resources available at the facility able to provide the level of care needed? (e.g. urinary catheter change/pain management)?” This was a slight modification to the question posed in 2016: “are residents transferred to hospital for care that could be provided at the facility if there were more registered nurses or other resources needed to provide the assessed care need were available at the facility (i.e. urinary catheter change)?” In 2016, 117 participants skipped this question while 1,609 provided a response. Of these, 52% (n = 841) reported that residents were being transferred to hospital for care that could have been provided at the facility if there were more registered nurses or other resources available at the facility. In 2019, 136 participants skipped this question while 2,639 provided a response. Three percent more respondents (55% n = 1,453) in 2019 reported that residents were being transferred to hospital for care that could have been provided at the facility if there were more registered nurses or other resources available at the facility able to provide the level of care needed. These results are depicted in Figure 18 below.

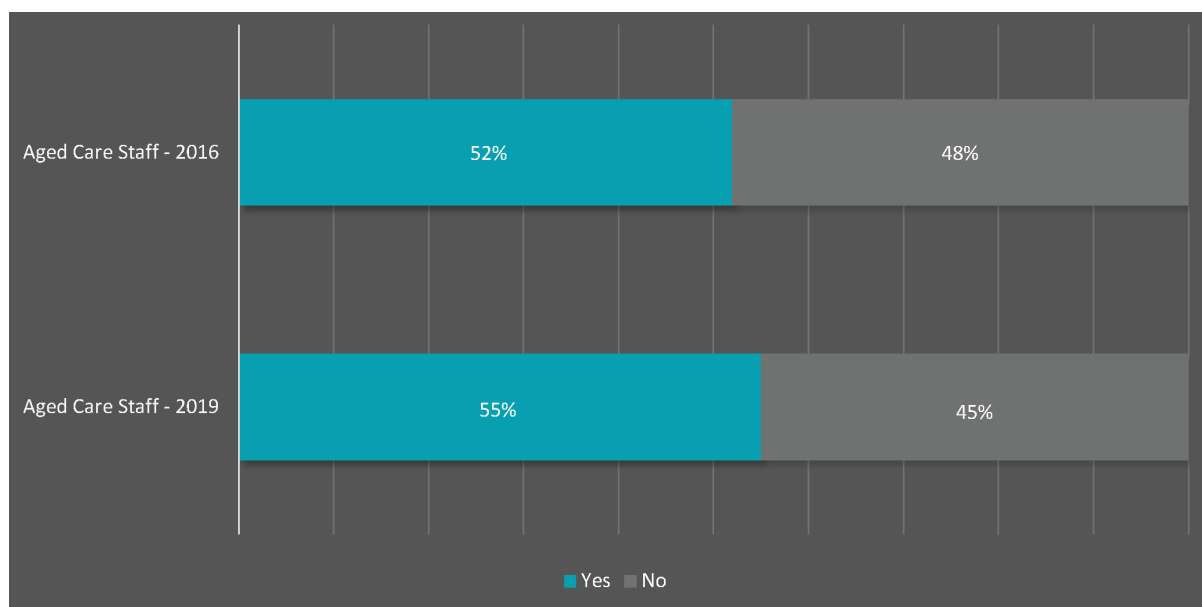


Figure 18: Unnecessary/Avoidable Transfers Between Aged Care Facilities and Hospitals (2016 versus 2019)

Qualitative analysis regarding the unnecessary/avoidable transfer of residents from aged care facilities to hospital for care that could have been provided in the facility if more resources were available

Aged care staff members were offered opportunities to provide further in-depth details regarding the transfer of residents from aged care facilities to hospitals for care that could have been provided within the facility if more resources (such as registered nurses or other resources) were available; 36% (n = 947) of 2,639 participants who responded to this question opted to provide further details in relation to their answer.

Participants identified a range of factors that contribute to and/or result in residents being transferred to a hospital for care that could have been provided in the aged care facility if there were more registered nurses or other resources available.



Responses from participants to this section provided considerable detail around the clinical situations that lead to residents being transferred to acute care as well as substantial insight into why this is occurring.²

The clinical situations were not limited to, but commonly included: pain management, wound care, dementia management, behaviour management, dehydration, constipation, palliative care, end of life care and catheter care. The following main themes have been identified from the insights participants provided into the reasons why transfers were occurring:

- Lack of experienced staff (e.g. graduates, international staff) or qualified staff (e.g. RNs, GPs)
- Facility policy
- De-skilling (caused by the provider policies e.g. reliance on paramedics/acute care) and lack of practice (due to transfers)
- Lack of opportunities to learn/train/educate (lack of local opportunities for CPD and maintaining competency)
- Lack of resources (physical i.e. no equipment)
- Family expectations (that residents should be transferred to hospital to receive 'maximum' care)

Exemplar quotes from participants to illustrate their perspectives and experiences within these themes have been provided (see Figure 19).

Lack of experienced staff (e.g. graduates, international staff) or qualified staff (e.g. RNs, GPs)

"Residents have been sent to hospital because staff on duty were unable to give IMI medication which was ordered."

"Due to inexcusable lack of skilled staffing and resources needs cannot be physically met so there is no other choice except to transfer to an acute facility and therefore contributing to bed blocking and ambulance ramping."

"I work in an emergency department and see many nursing home residents attend due to inadequate care. Many presentations could be prevented if the patient/resident had a higher level of nursing care, e.g. wound management, catheter changes, pain management, dehydration, falls, pressure areas and the list goes on. I sympathise greatly with each presentation."

"Residents often require IV antibiotics and are transferred to hospital when IV cannulation could be provided either by NPs or RNs trained in this competency with a regular follow up from GP or after hours Drs. Primary care needs to expand services and reduce reliance on hospital/tertiary care. This would reduce disruption to residents & families and reduce the load on an already burdened hospital system."

² This topic warrants further investigation and an additional examination of the interface between aged care and acute care and avoidable hospital transfers will be provided in a forthcoming companion report.



Facility policy
<p><i>“They have instructed us to call paramedics to insert/change catheters and to use an external CNC for complicated dressings, neither are gracious or timely to us or our residents.”</i></p> <p><i>“Our policy is every fall must be transferred to hospital if on blood thinners even if fall was witnessed and no injury sustained.”</i></p> <p><i>“Staff are directed to call the ambulance for things that could easily be managed by a registered nurse.”</i></p>
De-skilling (caused by the provider policies e.g. reliance on paramedics/acute care) and lack of practice (due to transfers)
<p><i>“I have always worked in the acute setting before the nursing home. I was astonished that the residents were transferred to hospital when we as RNs are very capable of caring for the residents in their own home. I feel I have lost a lot of necessary skills because of this fact.”</i></p> <p><i>“This is so very common. Not enough registered nurses to begin with and the practice of routine transfers to acute care leads to the deskilling of staff.”</i></p>
Lack of opportunities to learn/train/educate (lack of local opportunities for CPD and maintaining competency)
<p><i>“More education is needed so RNs & ENs are current in their practice – this would instill more confidence in the GPs to keep residents in the facility.”</i></p> <p><i>“RNs can quite adequately care for many residents with complex needs and medical apparatus if given the time, training and staffing.”</i></p>
Lack of resources (physical i.e. no equipment)
<p><i>“Basic equipment only to assess and manage residents. Equipment out of date. Limited resources including medications to treat residents.”</i></p> <p><i>“Yes, we don’t have IV treatment or strong pain killers in the facility so we have to send them off to hospital.”</i></p> <p><i>“Residents transferred to hospital due to poor management of e.g. wounds getting infected due to unavailability of dressing material.”</i></p>
Family expectations (that residents should be transferred to hospital to receive ‘maximum’ care)
<p><i>“Senior staff will try and delay return from hospital due to low staffing levels and being unable to safely provide increased care needs. Family members have requested residents stay at hospital to receive palliative care due to low staff ratios at facility. Residents transferred to hospital due to family request.”</i></p> <p><i>“Clients in the past were rarely transferred to hospital often only as a result of accident, the expectation of relatives for transfer to hospital now is much greater. Most families want ‘every treatment possible’.”</i></p>

Figure 19: Factors Related to unnecessary/avoidable transfer of residents from facilities to hospital



Advanced care planning and end of life

Aged care staff were asked: “does your facility have conversations with residents about Advanced Care Planning and End of Life decisions?” in both the 2016 and 2019 surveys. In 2016, 1,605 participants provided a response, while in 2019 2,610 participants responded. Results were similar for both surveys, with just over 88% of respondents indicating that their facility did have conversations with residents about advance care planning and end of life decisions. The results are depicted in Figure 20 below.

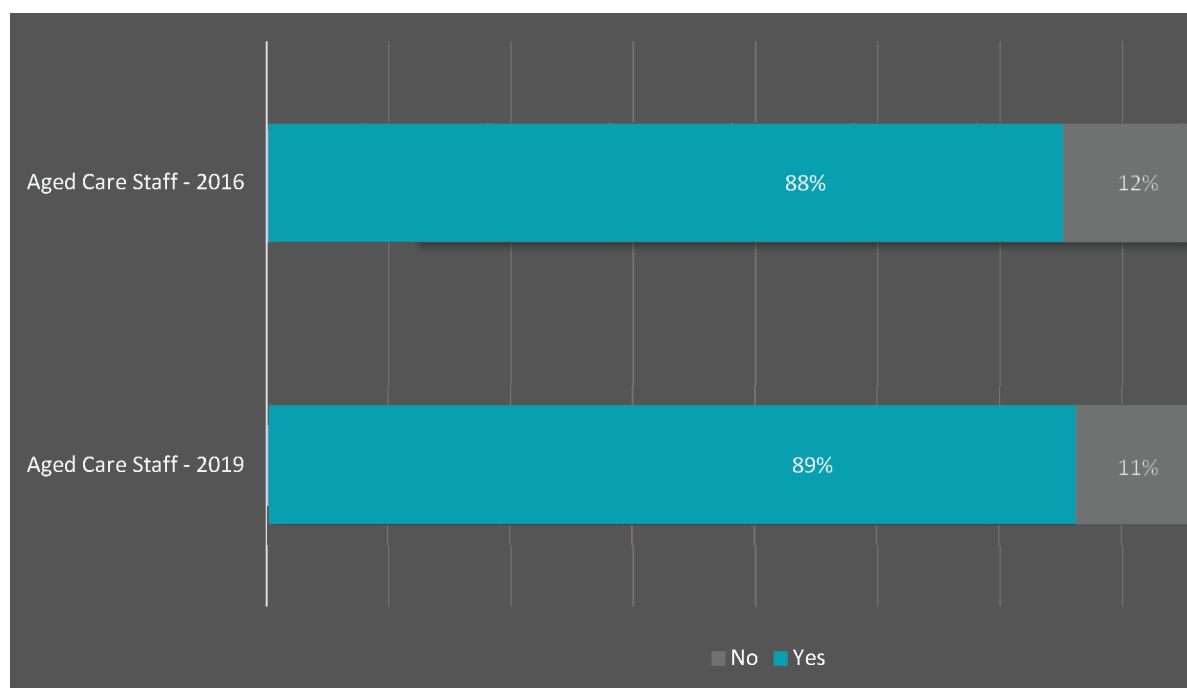


Figure 20: Conversations with Residents About End Of Life Care (2016 versus 2019)

Commentary regarding conversations with residents about advanced care planning and end of life decisions

Aged care staff members were offered opportunities to provide further in-depth details regarding conversations with residents about advanced care planning and end of life decisions; 28% (n = 732) of 2,610 participants who responded to this question opted to provide further details in relation to their answer.

Although the majority of participants indicated that end of life discussions did occur with residents and their families at their workplaces, they identified a range of issues regarding these discussions. Their responses highlighted the difficulty for many, both staff members, who are not trained in the process, and families and residents, in confronting and dealing with end of life issues. Because of a reluctance to discuss the pathways to ‘dying well’ participants also recognised that families’ expectations can be unrealistic.

The issues have been captured by three main themes, ‘not done well’, ‘not done at the right time’, and ‘residents and/or families are reluctant and uncomfortable with the topic’. Responses offered by participants and exemplar quotes have been provided to illustrate their perspectives and experiences (see Figure 21).



Not done well
<i>“However, this is not done well as it requires staff to have allocated time out to complete this, who are comfortable and confident to have these conversations. If a staff member who does this leaves the RACF, there is often a huge gap and this does not get passed onto another RN. Staff definitely require ongoing training and support in the very valuable and important area. This again could save many unnecessary hospital transfers and give comfort to the residents and family if they had the confidence that they would be well cared for at this time.”</i>
Not done at the right time
<p><i>“Should be done on admission but lacks to be done on admission due to shortage of staff qualified to do the admissions effectively and trained to ask these sort of questions. No end of life pathways in place that are satisfactory to meeting the needs of these residents and not enough trained staff and time to sit with the residents and their families to discuss these issues to provide the palliative care and comfort measures in the facility if the resident chooses to do so</i></p> <p><i>But they are not done frequently enough or in-depth enough, leaving residents and families with unrealistic expectations and RNs left with no alternative than to send to hospital even when they do not believe it would be of significant benefit to the resident.”</i></p>
Residents and/or families are reluctant and uncomfortable with the topic
<p><i>“This is an area that families tend to put off. As they do not recognise the significance. Therefore it is imperative that at a family conference, with a multidisciplinary team, this subject is again discussed referring to the care that we can give if we know the residents’ and family wishes</i></p> <p><i>But it is often put off until the absolute necessary like when the resident is already dying and the family is already stressed and so they don’t want to think about it and that leaves the staff in opposition quite often without advanced care directives because it gets left.”</i></p>

Figure 21: Factors Related to Advance Care Planning/ End of Life

Staff recruitment and retention

Staff participants were asked to select only one from a range of options of what they ranked as the main contributor to nurses leaving or not wanting to work in aged care in both 2016 (1,683 responses) and 2019 (2,755 responses). In both surveys, ‘workloads’ were identified by most participants; (47.4%/ n = 799) in 2016, and 39.1% (n = 1,079) in 2019. Likewise, in both surveys, ‘staffing levels’ was selected by the second largest number of participants; 16.87% (n = 284) in 2016, and 19.64% (n = 541) in 2019.



All results are presented in Figure 22 below:

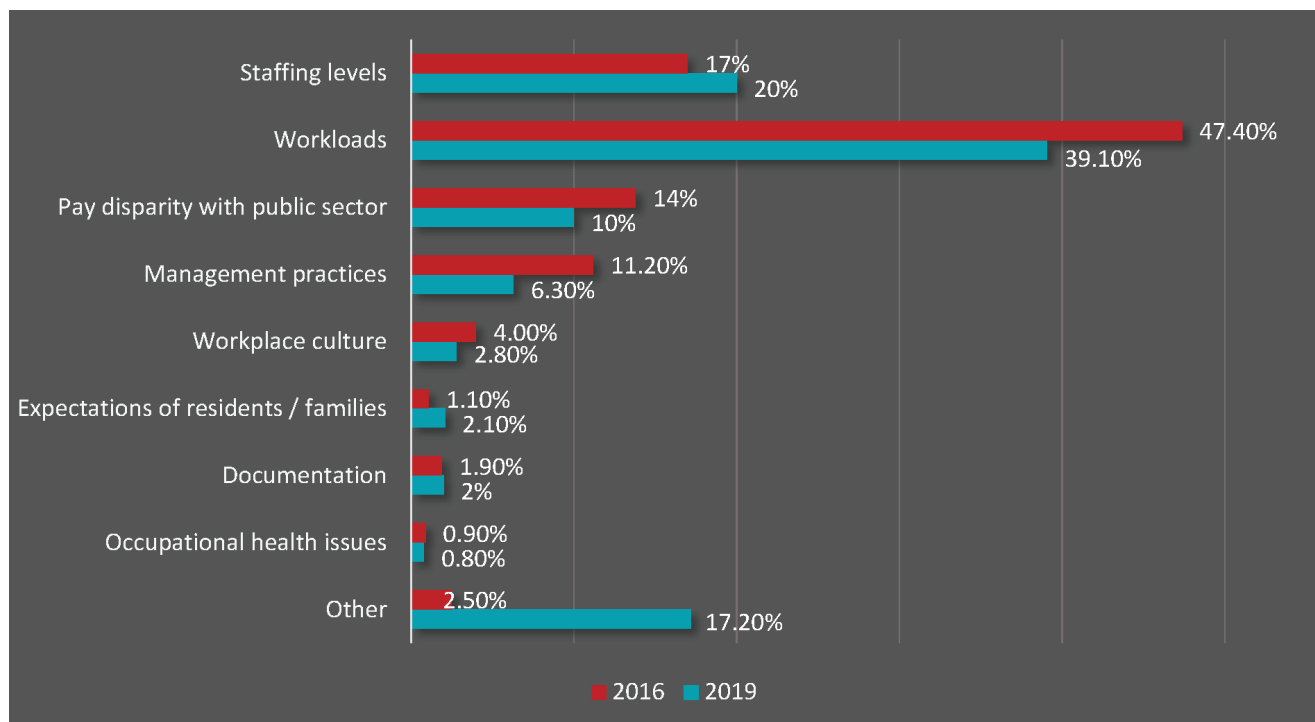


Figure 22: Main Contributors to Nurses Leaving or not Wanting to Work in Aged Care (2016 versus 2019)

Qualitative analysis of contributors to problems with staff recruitment and retention of nurses aged care services

Aged care staff members were offered opportunities to provide further in-depth details regarding what they thought was the main factor for nurses leaving or not wanting to work in aged care. Only participants who selected 'other - please specify' were able to provide additional details. This was 17.20% (n = 474) of the 2,755 participants who responded to this question.

Many participants who provided additional responses to this question indicated that they could not identify only one single factor. Instead they identified that all factors were relevant or a combination of factors contributed to why nurses and care staff were leaving or not wanting to work in the aged care sector. Their responses pointed towards an increasing sense of despair amongst aged care staff; they feel undervalued, they feel their work is undervalued and the people for whom they care are undervalued. Coupled with these feelings is their belief that rather than address the real problems in the sector, relevant authorities (management, employers, government) blame them for the problems.

These issues are captured within three main themes; **undervalued, under recognised, not respected, unable to provide quality/good care**, and **culture of blame**. Exemplar quotes from participants have been provided to illustrate respondents' perspectives and experiences (see Figure 23).



Undervalued, under recognised, not respected

"I currently do not want to work as a carer. The reason is we are understaffed, underpaid and overworked. There will be a time when no one will want to work as a carer. The things we go through no one will understand. Care staff would get paid more working at a local grocery store, and they wouldn't have to work as hard as a PCA does in an aged care home. Aged care does not care about the residents' care. Residents sit in wet pads for hours, because there is not enough staff on the floor. I could go on and on."

"Why are gerontological nurses paid less than the acute sector given that the skills required to remain in aged care include excellent clinical assessment skills to recognise the deteriorating resident, management of residents, staff and resources. It is not recognised that excellent residential aged care nurses have skills that many of their counterparts in the public sector do not, yet there is a perceived attitude among nurses of 'dumbing down' knowledge and skills to work in aged care."

"I think community culture surrounding aged care services is poor, expectations from families, residents and community clients is quite rightly high but aged care staff are undervalued in terms of pay parity which reflects on the staffing levels and workplace culture. Staff feel their role is not recognised as important compared to other sectors and other parts of the sector."

Unable to provide quality/good care

"There are many reasons why people have left aged care but the main reason is because we hate seeing residents suffer from poor quality of care. All of your above reasons apply."

"It is everything. The expectation of the government is high and the constant change in standards, costing etc. it's high stress. The amount of paperwork vs client care. I just want what's best for my client and help them get the care they need."

"I believe they are all applicable, but most of all, and a consequence of many of the above, is the inability to provide adequate and appropriate client-centred care, and in a timely way."

"All of the above, I have worked at my facility for fourteen years, I love my job and all I wanted was to make a difference in the residents lives. I have so much love to give these residents. One of our hundred and one year old passed away on Saturday, we were [too] busy on our shift to grieve our resident's passing. I went home, had a glass of wine and a good cry, back to work the next day and start again."

Culture of blame

"Zero support from management. Never any solutions to nurses' burnout and high staff turnover. They recognise things but don't change things and then play the blame game."

"All of the above. I've worked for 25 years in hospitals, 10 in aged care. Aged care is the most challenging area I have encountered. Add the Agency and now a Royal Commission constantly berating and shaming your work and industry – makes it a hard choice to stay."

"All of the above. There are too many contributing factors that affect us. I'm passionate about aged care but am losing faith in the system and manipulation of management who don't listen but blame the staff. You must have quality and quantity. Indians win the wars. You don't see any chiefs on the front line to lead an example or decrease their entitlement."

Figure 23: Factors Related to Recruitment and Retention of Nurses in Aged Care



Improving aged care services

In both the 2016 and 2019 surveys, aged care staff were asked what they thought needs to be done to improve aged care services. The wording of one selectable option was slightly modified from; “more and more vigorous accreditation inspections” to; “more rigorous accreditation inspections” to improve simplicity/understandability. One other selectable option in the 2016 survey; “regulated registered nurse ratios at aged care facilities” was also replaced with two separate options; “legislated minimum skills mix, including numbers/levels of registered nurses”, and; “legislated minimum staffing levels at aged care facilities”.

In 2016, 1,691 aged care staff provided a response, with 2,759 responding in 2019. The most commonly selected option for aged care staff in 2019 was also ‘legislated minimum staffing levels at aged care facilities’, with 84% (n = 2,314) indicating that this would improve aged care services. This was the only option selected by over 80% of staff member participants in 2019. ‘Regulated nurse staffing ratios at aged care facilities’ was the second most frequently selected option in 2016 by staff members, with 79.7% (n = 1,348) selecting this option. This was the second most frequently selected option by staff members in 2016, behind ‘more government funding for staffing’ (n = 1,444 / 85.3%).

In 2019, the second and third most selected options were; ‘more government funding for staffing’ (n = 2,031 / 73.6%), and; ‘legislated minimum skills mix, including numbers/levels of registered nurses’ (n = 1,991 / 72.1%). Only 1,383 / 50.1% of staff members identified ‘financial penalties for providers who do not ensure minimum care standards to every resident’ as an action to fix aged care services. Results are depicted in Figure 24 below.

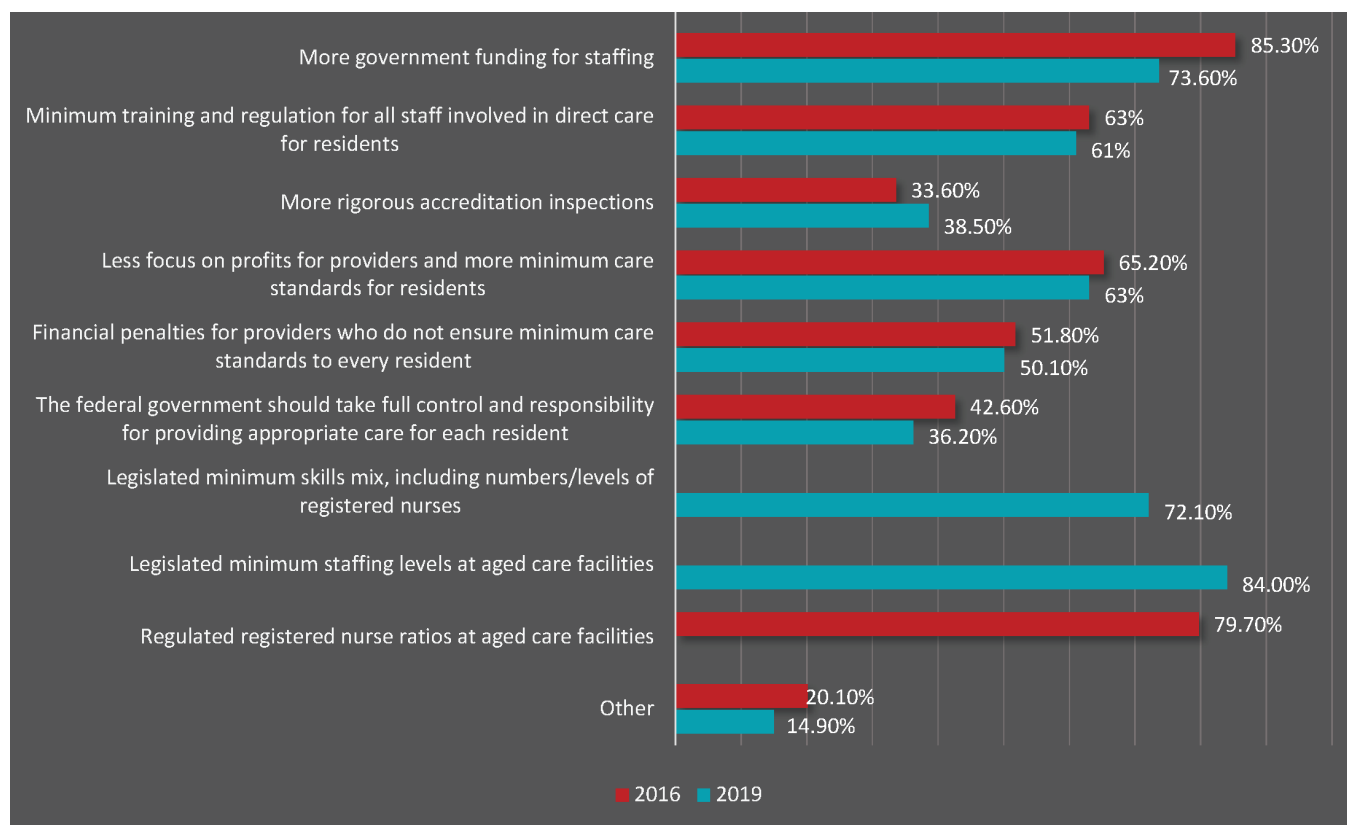


Figure 24: Actions to Improve Aged Care Services (2016 versus 2019)



Qualitative analysis of the actions that could be taken to improve aged care services

Aged care staff members were offered opportunities to provide further in-depth details regarding actions that could be taken to improve aged care services; 14.9% (n = 411) of 2,759 participants who responded to this question selected ‘other – please specify’ and opted to provide further details in relation to their answers. The actions below, which have been identified from the responses offered by these participants, build on the problems and concerns that have been identified earlier and throughout this survey and encapsulate the fundamental responses needed from government and industry. Actions could be grouped into four main themes; **accountability of Government/aged care providers, the need for transparency – e.g. for funding, for accreditation practices, need to address the lack of skill/ability/training in management**, and the **need to respect and value staff**. Exemplar quotes have been provided to illustrate participants’ perspectives and experiences (see Figure 25).

Accountability of Government/Aged Care Providers

“When the Federal Government provides 75% plus of the income that accrues to aged care providers, the notion that they are private is nonsense. The Federal Government owns this project and they need to start acting like they do. The notion of the Royal Commission to uncover the problems related to aged care is an indictment of the government [providing] significant funding without responsibility. It is as though our Federal Government is using the private providers so they can say: “gee, that is terrible but it is not our fault”. It is their fault whether through lack of monitoring of care, lack of monitoring of [how] the funding it provides is spent or lack of funding.”

“The company owners need to be made more accountable and involved in the basic care it provides not just the business money making, sure it needs an overhaul completely. We should be ashamed, I cannot believe how badly the aged care sector is treated, we need to all be advocating for a better future for them and generations to come and encouraging skilled and experienced aged care nurses to come back into the system.”

“Aged care is a specialty, it needs to be recognised and respected as such. Aged care facilities have to stop exploiting the vulnerable elderly as well as aged care workers and to be held accountable.”

“The industry needs to be regulated. To my understanding this is why providers have been getting away with so much over the years.”

The need for transparency – e.g. for funding, for accreditation practices

“The accreditation process must be honest, there should be dedicated staff to ensure all accreditation issues are met on a daily basis. That way accreditation will be transparent, there would be no fudging entries in residents’ notes before accreditation.”

“More transparency in how management decide to utilise money and funding. And stricter policy re: renewal of management contracts across the board.”

“Unannounced audits at least annually related to CEO to ensure monies are being correctly managed. Unannounced audits at least annually of the DOC role.”

“Accreditation teams need to look at more than just the documentation that has probably been falsified for them. They need to look into the heart of a facility. NOT THE PAPERWORK. We do not have time for that. Speak to the staff, without the management interfering.”



Need to address the lack of skill/ability/training in management
<p><i>“Aged care management is notoriously bad & drives away highly qualified, dedicated staff. Huge culture of workplace bullying disguised with threats of ‘performance management’. I believe this flows down from the top. Needs to be more support & better work environment for those who are providing direct care to residents as this directly impacts resident care and atmosphere.”</i></p> <p><i>“Directors need more training and they should be questioned over sacking of staffing. They should submit a report in a year how many staff [they] forced to resign or sacked or they left due to tense environment. Every facility should be fined accordingly that they gave psychological trauma to staff and they increased unemployment. It affects residents’ care when staff is depressed or not sufficient.”</i></p>
The need to respect and value staff
<p><i>“Management to be appraised by staff ... and staff allowed to truthfully comment without prejudice as currently management are ‘untouchable’. Staff are the backbone of the facility, if they are supported and treated with respect by management the backbone will crumble which will negatively impact on staff health and morale, resident safety and well-being and quality of care provided.”</i></p> <p><i>“Stop demonising staff. Make auditing less punitive. Treat staff with respect. Pay parity across all sectors. Most people are doing the right thing by residents. Support and enable them by adequately funding training, staffing and equipment.”</i></p>

Figure 25: Actions Identified by Participants to Improve Aged Care Services

Federal election voting intention regarding minimum staffing levels and skills mix

In both the 2016 and 2019 surveys participants were asked about their voting intentions in relation to aged care and the upcoming federal elections.

In 2016, participants were asked:

“In relation to the current federal election, if a political party were to make a major announcement on restoring funding specifically to improve services and care to residents in aged care, would you change your vote to support them on July 2?”

In 2019, this question was slightly updated to reflect the current context and was re-worded to:

“In relation to the upcoming federal election, if a political party were to make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, would you vote to support them at the election?”



Figure 26 below shows the results from aged care staff from 2016 and 2019 to both questions. In both 2016 and 2019 staff members were most likely to select that they would support a political party at a federal election that; made “a major announcement on restoring funding specifically to improve services and care to residents in aged care” by changing their vote (2016), and; “make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care” (2019).

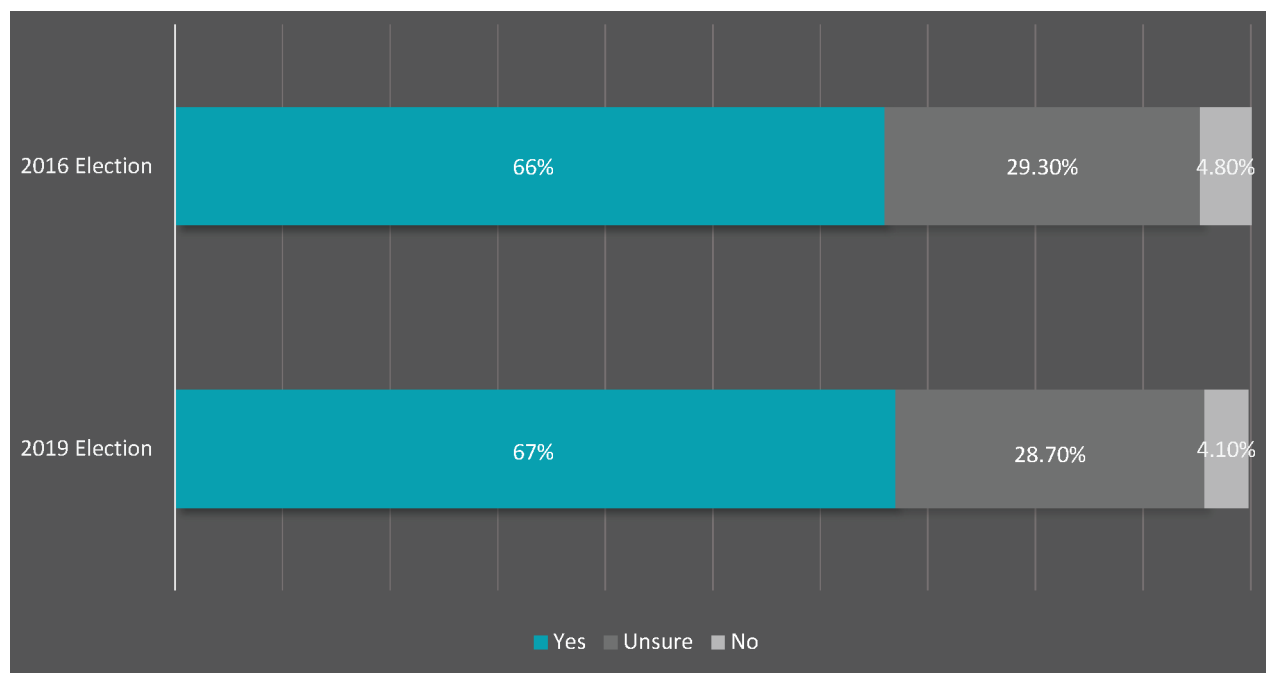


Figure 26: Intentions to Support a Political Party in a Federal Election in Relation to Commitments to Improve Aged Care Services (2016 versus 2019)

Participants’ Concluding Comments

Participants were invited to provide comments or to submit a short free-text response toward the end of the survey. The question was intentionally posed in an open fashion so as to not lead participants to focus on any particular issue, but rather to allow them to provide any additional details they wished; ‘Do you have any other comments you’d like to make or a story you would like to tell us?’ Just over 1,000 participants (n = 1,086) provided a response, however 97 of these participants noted that they did not wish their comments to be presented in the report. Comments from these participants were read by the authors and used in the analysis process but have not been used verbatim in this report.

Four key themes emerged from repeated reading of the free-text concluding comments. These themes both unified the themes that emerged from participants’ responses throughout the survey as presented above, and encapsulated participants’ views of their overarching concerns with the aged care sector and the root causes of the failings of the system. The themes were identified as:

- **Care is not the priority:** Although care should be the first priority for the sector, many other factors are prioritised ahead of care, including profit, renovations, expansions and even owners’ cars.
- **Lack of transparency:** Participants expressed a very strong concern that no one really knows what is going on in the aged care sector, one thing is promised and another delivered, a false impression is often presented while the real situation remains concealed.



- **Lack of responsibility of management, providers, government and the system:** Participants expanded on their concerns that there is a widespread lack of skill and capacity amongst aged care management, a lack of care, empathy and responsibility from providers, the government and the system as a whole.
- **Residents and staff are voiceless/unheard:** Despite staff and residents repeatedly raising their concerns, nothing changes.

Figure 27 presents the themes with exemplar quotes from participants provided to illustrate their perspectives and experiences.

Care is not the priority
<p><i>"I feel like making a profit and saving on costs are the main aim of aged care providers. I wish they would ask staff what they needed to provide the care they would like to give to residents."</i></p> <p><i>"I am an agency Ain and have been an Ain in aged care for 22 years, as I go do shifts in numerous aged care homes I can see the effects of the workloads on staff at all levels and have residents complaining to me about the lack of staff and care, I work with a lot of PCWs who have only done an 8 week course and have no idea what they are doing, they don't clean teeth they do everything for the residents to get through the work quicker, they have no idea about pressure care and don't advocate for the residents or report excoriated or red areas on residents resulting in ongoing pain and discomfort for them. The aged care sector needs restructuring so it puts care at the top, staff ratios and skill levels along with adequate pay rates will go a long way to achieving quality aged care to our elderly."</i></p> <p><i>"I have been in aged care for 38 years, I love the work and believe I am reasonably good at it but find myself wondering what went wrong? With the reduction of registered nurses the care and commitment has diminished, staff are just too tired, I see fabulous staff start off with enthusiasm but are being worn down and disheartened with the work load. It is a terrible disappointment to feel you cannot go off duty satisfied knowing that what you may have not been able to do during your shift will wait until you get back next time. Resident care should be the priority."</i></p>
Lack of transparency
<p><i>"Management tell families one story but what really happens on the floor is different when we complain they throw their hands in the air and most staff are too scared to complain for fear of losing their jobs as non unionised, management hand pick the staff to talk to accreditors when accreditation is done."</i></p> <p><i>"I am aware that some organisations pay their Directors of Care/ Facility Managers financial bonuses for coming in under budget. In our industry, this is achieved by cutting care staff hours, not providing nutritional supplements or getting away with cheaper substitutes, not replacing worn and dangerous equipment, not stocking adequate or appropriate dressings or other clinical equipment and cutting back on laundry and cleaning services. I am sure the public would be mortified if they knew this practice existed - surely a financial bonus for coming in under budget is a total conflict of interest for somebody employed to run an aged care facility."</i></p> <p><i>"In the last 4-5 months in the facility where I work there has been 1 RN to 110 residents, 1 team leader and 12 carers, sometimes 8 carers we had unannounced visit from the department, we received a verbal warning from the executive "to think carefully about mentioning anything about being short staffed, because if we did the facility would be closed down."</i></p>



Lack of responsibility of management, providers, government and the system

"Management and executives need the proper training (not random training/education they may have from their individual backgrounds) in how to look after and be fair to staff so that staff give from a position of wellness and are happy. The result [would be] that they have the internal resources and the time to give excellent care to the care recipients."

"Management have recently started talking about providing client focused care - like this is a new concept! The problem is that they have also cut staffing so employees are constantly under the pump i.e. 3 care staff to 30 residents - 15 of those residents are 2 person assists - during staff breaks there is inadequate staff numbers on the floor to be able to provide personal and individualised care - registered staff are never able to leave on time and management call this our poor time management skills."

"For once it would be nice for the public to hear the good news stories. There are so many services that go over and above for their residents, who really make a difference to people's lives, only to be brought down by the sensationalised stories that make the press. Elder abuse is not OK!! But it is also not OK for Nurses and Carers to be abused by the public when they wear the uniform of an aged care provider at the supermarket. The back story is never heard - how hard are these Nurses and carers working? How many shifts have been worked without a day off? How many times have they been on the receiving end of resident aggression? How many staff or on the shift they are working? It is about time the politicians, with approved police checks, go into Facilities and roll up their sleeves and spend some time with the people that matter - the people that made this Nation! Let those politicians try to redirect a resident that has complex behaviours, ask them to feed 3 residents and make sure their dining experience is one of quality? The list is endless. It should not be a token effort either they need to get in there and work a few back to back shifts and see what aged care is all about....for real."

Residents and staff are voiceless/unheard

"Every day I feel ashamed and embarrassed to be a nurse in aged care. Every day I go to work and try my hardest to give my residents the best quality care I can provide, each day I leave feeling sad as I have not been able to achieve this."

"Aged Care has been my passion, I've seen the good, bad and ugly many times over. The bottom line is until Aged Care is acknowledged as the specialty it is and staffed accordingly it will always suffer. It is seen as a low level occupation, widely known as being understaffed, underpaid and overworked...It is a special thing to be able to care for people at the end of their lives and their final months, weeks, years.... it's a privilege to be a part of this, would be nice if this was acknowledged and appreciated....and staffed appropriately. Our elderly deserve it."

"The ongoing negativity toward the aged care sector from the media I believe continually misses the point. Always focuses on individual incidences with a poor outcome to the resident. Most of these issues can be attributed to care staff working every day understaffed. This is the issue which leads to the poor outcome. A person of authority recently stated to me that to work in residential aged care as an RN you must have no self-respect. I have taken this statement to mean that we are the punching bags of the health providing community. Expected to have an answer for every question put before us then criticised, ridiculed and threatened when the response is not to the person's liking even when correct."

Figure 27: Overarching Themes Regarding Concerns with Aged Care in Australia



Discussion

The results of the ANMF's 2019 National Aged Care Survey present a bleak picture of aged care in Australia. They describe a continued systemic failure to ensure safe and quality care to all aged care residents and suggest an abrogation of duty by governments and providers. Bleakest of all, the results present a picture of aged care that is unchanged from the one presented by the ANMF's 2016 Survey.

The accounts of the 2016 survey participants described a situation of widespread substandard care which offered neither dignity to the elderly at the end of their lives, nor to those who enter residential aged care facilities at younger ages. A situation that failed to recognise the contribution the elderly have made to Australian society by providing them with dignified care at the end of their lives and which, participants believed, represented a profound lack of respect for Australia's elderly.

The results from the 2019 Survey perpetuate this view. The most notable change is that the state of aged care has worsened. In 2016, participants described the situation in aged care as one approaching despair; in 2019 it is one in despair, with the feelings of desperation most acutely affecting aged care workers themselves.³

While 2019 survey participants remain critically concerned about what they observe to be a widespread lack of regard and respect that the aged care system has for the elderly, the lack of value, worth, and respect they believe Australian society holds for them as workers in the industry has intensified. Participants also articulated the failings of the system, i.e. management, providers and government, more directly and frankly than in 2016. Their accounts of some of the tactics employed by management appeared more forthcoming and more detailed in the 2019 survey results.

³ The 2019 ANMF National Aged Care Survey also included 354 community member participants, most of whom identified themselves as family members or relatives of recipients of aged care services. A forthcoming companion report examining their responses to the survey also indicates the dire and desperate situation facing residents.



Key Concerns

Workforce and Staffing Concerns

Regarding the concerns that staff members have around aged care in Australia, responses to most questions asked in both the 2016 and 2019 surveys were remarkably consistent. Participants identified staffing levels, staff qualifications and experience, and the subsequent inability to meet both basic and higher clinical care standards as their key concerns in aged care. This was echoed in the qualitative responses where staffing inadequacies, safety of residents, and safety of staff emerged as clear themes. Participants in both the 2016 and 2019 surveys did not blame staff for the failure to meet these care standards. Indeed, in 2019, the percentage of participants who indicated that levels of experience and qualifications of nursing staff was a concern decreased by around 4% to 61% of participants. On both occasions they identified that there are simply not enough staff with the right mix of skills to care for the number and type of residents in aged care facilities.⁴

It is important to note that the numbers of participants highlighting that the inadequacy of staffing for both ‘high’ and ‘basic’ care needs is very high, indicating that regardless of employment classification and scope of practice, there is a pressing need to address staff numbers and workforce composition in residential aged care.

The 2019 survey participants provided greater qualitative details regarding the effects of deteriorating staffing levels on their own safety and the safety of their residents, providing considerable insight into the abuse, violence, and harassment they encounter from residents, families, and their employers. They also provided greater detail on the effects of overwhelming workloads on their physical health and their professional safety.

⁴This is evident where in 2019, of 2,767 participants, almost 91% or 2,517 individuals indicated that they were concerned that there were not enough nurses and care workers to provide for even the basic care needs of aged care residents. The option to select concern with adequacy of staff to provide for basic care needs was not available in 2016, however examining the results in relation to a similar selectable option sheds light on the issue.

The results in relation to the selection of ‘adequacy of staffing for providing high care needs...’ as an issue of concern is interesting, in that between 2016 and 2019 the percentages of respondents in different employment classification subgroups (i.e. registered nurses, enrolled nurses, and AIN/PCA/PCWs) who selected this item has dropped (registered nurses by 6%, enrolled nurses by 9.7%, and AIN/PCA/PCWs by 14.9%). The reason for this could be inferred from the percentages of members of each subgroup who selected ‘adequacy of staffing for meeting basic care needs’ in the 2019 survey (a new selectable option). In the 2019 survey, each subgroup was almost identical with 90.1% of registered nurses, 93% of enrolled nurses, and 92.1% of AIN/PCA/PCWs selecting this item. This highlights that concern with this issue was likely comparable across groups.

Consideration of the results in relation to one another in this way, highlights that in 2019 both ‘basic’ and ‘high’ care needs are considered to be issues of concern for similar proportions of aged care staff, while ‘high’ care needs are generally less frequently identified as a concern of AIN/PCA/PCWs and enrolled nurses in both 2016 and even less so in 2019 with the introduction of the new ‘basic’ care needs options (where a smaller percentage of registered nurses also selected ‘high’ care needs).

While it could appear, based on the results of all employment classifications combined, that selection of ‘adequacy of staff for high care needs...’ as an issue of concern has dropped notably from 2016 to 2019 (from 91% to 82.5%), this could be partly explained by AIN/PCA/PCWs and enrolled nurses being less likely to select this as a concern when provided with another option to indicate that ‘adequacy of staff for meeting basic care needs are a concern’. This could be because while registered nurses are typically responsible for providing for the high care needs of residents, enrolled nurses, and AIN/PCA/PCWs are less likely to be responsible for higher care needs and focus more on ‘basic’ care due to differences in authority, training, qualifications, and scope of practice.



Standards of Care Concerns

Dementia care was a new selectable option in 2019 and was the third most selected issue of concern among participants (n = 1,731/ 62.5%) and the most frequently selected issue of concern regarding standards of care provided in aged care, followed by appropriate time for bathing (n = 1,541/55.6%) and assisting with feeding (n = 1,459/ 52.7%). These issues are tied closely with the lack of sufficient numbers and skills mix of staff to provide safe and effective care.

In the qualitative responses, staff participants described having no time to do their jobs properly because of a lack of staff and the focus of providers and management upon doing things quickly rather than safely or well. One participant referred to a resident as being so rapidly showered that they didn't even notice getting wet “...like being on a production line, or a car wash without the wash”. Another participant highlighted that they were concerned with the unacceptable standards faced by dementia residents living in facilities without adequate dementia-specific facilities. Examination and analysis of the qualitative responses provided in relation to issues of concern in aged care as well as throughout the survey highlighted that many participants felt that the poor standard of care experienced by many recipients of aged care services could be directly related to lack of staff numbers and an adequate skills mix of the right staff to provide safe, quality care.

Funding

Inadequacy of funding for the sector was also clearly identified by both 2016 and 2019 survey participants with both groups clearly noting however, that aged care funding, irrespective of its source (from government or from residents and their families), is not being, nor is it required to be, directed to ensuring safe and adequate care for aged care residents. While there was a small reduction in the percentage (4.2%) of participants who believed that current funding of aged care was inadequate, examination and analysis of the qualitative data indicates that this might rather highlight a greater awareness that existing funding is not being directed or utilised appropriately – that is – toward the safe, quality care of aged care recipients.⁵ Indeed, in 2019 qualitative analysis revealed that a major theme among responses was that funding does not meet residents' care needs despite the fact that many participants recognise that significant government and other funding is directed to aged care.

Both participant groups from 2016 and 2019 expressed a strong level of cynicism with regard to how aged care providers were using the funding provided to them by the government suggesting that much better accountability for how those funds were spent was required. They also suggested that the lack of accountability allowed providers to present an image of the care that residents and families could expect from their facility which was inconsistent with the reality on the ground.

Survey participants in 2019 provided greater detail into how they believed funding was being 'mis-allocated' (both by for-profit and not-for-profit providers) or misused by management at the request of owners, including details of how staff were being coerced into falsifying funding documents and care plans to maximise funding without these practices leading to better care provision.

⁵ Interpreting the comparative 2016/2019 results for this question is also limited by the fact that the wording of the question was altered for the 2019 survey and rather than allowing respondents to highlight their concern with Commonwealth funding cuts (as in 2016), general concern with Commonwealth funding to aged care overall (2019) did not appear to be as concerning an issue.



Staffing and Skill mix

Participants in both the 2016 and 2019 surveys explained that aged care is a complex area requiring specialised skills in order to provide safe and appropriate care for residents. Staff need to have skills and knowledge of the common co-morbidities affecting the elderly, in the management of dementia and other mental health and behavioural issues, in palliative and end of life care, pain management and wound care. Staff also need to be able to assess the condition of residents effectively to prevent deterioration and avoid illnesses and incidents with early intervention and appropriate clinical management.

However, in the view of the participants, these skills are sorely lacking. There are too few registered and enrolled nurses; and care workers simply do not possess this level of skill even if they are qualified and well trained. The two participant groups reported almost unchanged ratios of registered nurses to residents between 2016 and 2019 and, similarly, virtually unchanged shortages of care workers. In the 2016 survey, 79.2% (n = 1,310) of participants noted that the current staffing levels at their facility were inadequate. In 2019, this has risen to 89.1% (n = 2,406), identifying very strongly that there is a 'lack of staff' at all levels, from cleaners and support staff to care workers and nurses.

2019 survey participants observed both a greater use of newly graduated registered nurses and of enrolled nurses and care staff to perform the work of registered nurses than was noted in 2016, with participants describing in detail the negative effects on both workers and resident care outcomes of inappropriate levels of pressure and responsibility being placed onto these less experienced and skilled workers.

Another concern identified by 2019 participants was, because of current overwhelming workloads and lack of staff, staff were often unable to cope with anything that occurred out of the standard 'care routine' or as an unexpected incident such as a fall or illness. While noted by 2016 survey participants, due to management requirements and protocols in 2019 these problems appeared to have intensified.

Participants reported for example that 'call-bell protocols' have been implemented in many facilities in response, they believe, to increasing scrutiny over the last few years and, some suggested, the Royal Commission. Staff are required to answer a resident's call bell within a set time frame, even if this means leaving another resident in the shower, on the toilet, or unassisted when assistance is required. If staff don't attend within the required timeframe they are reprimanded. This places staff in the position of having to put one or another resident at risk – either of a delay, missing care or even at risk of harm. Participants reported that because of the lack of staff they are routinely faced with making this decision.

Expanding on the consequences of the lack of appropriate staffing and skill mixes, participants in both the 2016 and 2019 surveys expressed significant concern that this is leading not only to a lack of safe and adequate care but also to the occurrence of many preventable incidents, illnesses and conditions, avoidable transfers to hospital, and even unnecessary or premature deaths.



Once again, though identified as an issue in 2016, participants in 2019 reported experiencing greater difficulties in accessing medical and higher-level clinical care through decreasing availability of general practitioners and limited access to nurse practitioners and expanded on the impact of this on the level of care that can be provided within the facility. As noted in the results above, this is an area requiring further investigation as it has significant impacts not only on aged care residents, families and staff but also on acute care patients, staff, and the public hospital system. Unnecessary transitions between care settings can lead to issues with the quality and safety of care as they provide opportunities for fragmentation, duplication, medication errors, and problems with clinical handover. Poorly managed care transitions can lead to poor clinical outcomes, dissatisfaction with care, and inappropriate use of health and aged care services and resources. This can be especially concerning for people with dementia, who experience a greater number of transitions between care settings.

Another factor contributing to unnecessary hospital transfers noted more strongly by 2019 survey participants was the inadequacy of end of life and advanced care planning discussions being held with residents and families in many facilities. While participants noted that discussions often did occur, they are frequently inadequate meaning that because of the lack of plans and directives or confusion around the topic residents are transferred to acute facilities for 'end of life care' rather than being allowed to die with dignity in what is supposed to be their 'own home'.

Staff recruitment and retention

The most significant issue identified by both 2016 and 2019 survey participants in relation to the ability to recruit and retain staff was the issue of workloads; for both nursing and care staff. Nurses and care staff alike, in both groups, reported that with their current staffing levels it is (was) just not possible to deliver quality care. In both surveys, 'workloads' were identified by most participants; (47.4% / n = 799) in 2016, and 39.1% (n = 1,079) in 2019. Likewise, in both surveys, 'staffing levels' was selected by the second largest number of participants; 16.87% (n = 284) in 2016, and 19.64% (n = 541) in 2019.

Despite their best efforts and intentions, staff simply cannot manage the workload demanded of them. Both groups described, as a consequence, how 'rushed' the staff often are and how detrimental this situation can be for their residents and, in 2019 in more detail, for them as workers. In 2019 aged care staff explained that they are overworked, tired, exhausted, defeated, and broken. Consequently, they are leaving the sector, and for some, the nursing profession.

In 2019 survey participants expanded on the issues affecting recruitment and retention, with many identifying that multiple factors, rather than any single factor, play a part in why people are leaving the sector and why many refuse to work in aged care in the first place. Consistent with 2016 participants, they reported the inability to provide good/quality care, and the care they know their residents require, as no longer bearable, forcing them to leave.

However, 2019 participants went further describing in heart-breaking detail the lack of value they feel they have to their employers and to society and a sense of futility in trying to cope with the ever-increasing demands of a very unsupportive environment. They also identified feeling the increasing pressure of being held responsible for the failings of the aged care system rather than the system itself and the authorities who are meant to be responsible for ensuring its safety and quality being held accountable.



The most significant change identified between the 2016 and 2019 survey participants was an increased sense of despair within the qualitative responses. In the intervening three years, there have been more reports and inquiries into aged care, more requirements and standards (which translate into more management hoops for staff to jump through) introduced, dramatically increased media scrutiny and a Royal Commission into aged care quality and safety. But aged care staff feel that nothing has changed in relation to their workloads, their staffing levels, or their pay and conditions.

Aged care staff feel they are being held accountable for the failings of the aged care system which, although having existed for some time, are now being exposed. Aged care staff report being spat on in the street, abused in shopping centres, vilified in national and local media and blamed, harassed and bullied with a new intensity by their management and employers.

Aged care staff also believe that many aged care employers, managers and executives lack the necessary skills to run aged care facilities effectively so quickly resort to blaming staff for their own inadequacies. Staff also level this criticism at the government, which they describe not only as unskilled but worse, uncaring and without empathy. And the pervasive lack of transparency in the sector permits this all to continue.

Improving Aged Care Services

Throughout the results, a primary focus of participants appears to have been upon the negative impacts – on both residents and workers themselves – of not having enough staff or an appropriate skills mix. These sentiments persisted in participants' suggestions regarding what could be done to improve aged care services. In 2016 and 2019 participants were asked to identify what they felt needed to be done to improve aged care services in Australia. Quantitative and qualitative results indicated that across both 2016 and 2019, staff felt that improvements in the numbers and skills mixes of staff in aged care were vital for improving services. Training and regulation for all staff involved in direct care, and movement away from providers' focus on profits to more attention on minimum care standards for residents were also clearly areas that staff felt could be addressed to improve aged care in Australia.

From the qualitative responses, several key themes emerged. Participants want the Government and providers to be held accountable for the delivery and use of funding and provision of care in aged care. Participants see a pressing need for greater transparency of the use of aged care funding by providers – to show that it is clearly being directed to the provision of safe, quality care and not to marketing, sales pitches, and profits – as well as for accreditation practices where looking beyond the documented paperwork and speaking to the staff on the ground would allow a clearer and more honest picture of what is really going on in aged care.

Participants noted the need to address a lack of skills and ability among managers in the aged care sector. Many participants felt that poor management in the sector is to blame for driving away good staff members and that a culture of bullying permeates the sector under the guise of "performance management".

As above, aged care staff feel acutely the lack of respect and value that their employers and the wider community appear to have for them and the work that they do. Addressing both how management treat staff and provide support and appropriate safe working conditions, as well as how the community at large views those working in the aged care sector could vastly improve the both the image of the sector for current and prospective workers and enable and facilitate safe, quality care for our elderly which is at the heart of what aged care must be about.



Conclusion and key messages

Aged care staff have long felt unheard, but as revealed by the 2019 National Aged Care Survey, they feel more voiceless than ever before. The vast majority of aged care staff, and many in the industry, want to be able to take pride in the work that they do, to be able to provide residents with the best standard of quality, safe care, and to be able to deliver that care in environments that are safe and supportive for themselves.

They want to see Australian society take a moral and compassionate approach to our elderly, which would ensure them safe, dignified and respectful care at the end of their lives.

The survey's participants believe this will require:

- Ensuring that care is the priority for the entire aged care system;
- Guaranteeing transparency in the use of tax payer funding, and ensuring it is tied to care provision;
- Ensuring genuine accountability of aged care management and providers as well as government for the quality of the aged care system; and,
- Ensuring the voices of aged care residents and staff are heard.

The participants are pleading for change, 'please, fix the system, please', one respondent implored. For their sake, and the sake of elderly Australians, the system must respond.



Key Messages

- Continued, systemic failure in Australia's aged care sector and inaction by governments and providers have resulted in widespread failure to ensure safe, quality care to the residents of aged care facilities.
- Aged care staff feel unheard. They want to take pride in their work and provide residents with the highest standards of quality, safe, appropriate care in environments that are safe and supportive for themselves, the workers.
- Since the 2016 ANMF National Aged Care Survey, the situation has worsened; indifference and lack of respect for aged care residents and the staff that work there is increasingly prevalent while workloads, staffing levels, skills mix, and pay remain unchanged or worse.
- Staffing numbers, skills mix, staff training/qualifications, and experience continue to be at the forefront of aged care staff members' concerns with the aged care system and negatively impact upon the ability of staff to provide safe, quality care for all residents.
- Low numbers of staff and poor skills mixes result in poorer health outcomes for residents as well as staff members, including leaving the aged care sector or nursing profession.
- Lack of staff and inappropriate skills mixes mean that even the most basic care needs of residents, such as bathing, eating, and toileting are missed, neglected, or rushed.
- Adequacy of staffing to provide for high care needs is an emerging concern, with registered nurses especially indicating that there are simply not the right numbers or ratios of skilled, registered nurses and access to general practitioners and nurse practitioners to cope with the increasing number of residents with complex and severe conditions.
- Deteriorating staffing levels have resulted in greater safety risks for both residents and staff members.
- Government funding for aged care is inadequate and widely regarded to be misdirected away from providing safe, quality care to residents or utilised inappropriately.
- Untenable workloads due to lack of staffing and poor skills mixes deters recruitment and retention of workers and hinders staff ability to cope with incidents beyond 'standard routines'.
- Poorly considered provider protocols that penalise staff members arising in response to increased scrutiny place residents at risk of unsafe or poor quality care.
- Unnecessary transfers from residential aged care facilities to acute/emergency facilities that put residents at risk could be avoided with having appropriate staffing and skills mixes onsite, including greater access to general practitioners and nurse practitioners.
- End of life and advance care planning discussions in residential aged require greater attention and support to be effective and appropriate.
- Aged care staff feel increasingly blamed by providers, governments, and the community at large for deficiencies in safety and quality however observe that systemic failings and lack of support beyond their control, by providers, governments, and the sector overall are largely responsible for ensuring safety and quality.
- Improving staffing levels, skills mix, and the training/education of workers are urgently required to improve aged care services.
- Greater accountability for the delivery and use of aged care funding by providers and governments is vital to ensure safe, quality care for residents.



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ANMF National Aged Care Survey

Help us shape the future of aged care in Australia

The ANMF is conducting a second national survey to give nurses and carers the opportunity to shape the future of Aged Care in Australia. Your concerns, experiences and views of working in the aged care sector are critical to making positive changes in the future.

Our first National Aged Care Survey in 2016 has already had a significant impact on the Aged Care Royal Commission, and the Commissioners want to know more. So, with hearings into the critically important issue of residential aged care commencing in May, we need to provide the Royal Commission with an update of your information and stories about what is happening in aged care today.

The information we gather from this survey will form part of the ANMF's next submission to the Aged Care Royal Commission.

The survey will only take about 10 minutes to complete and all information you provide will be completely de-identified.

The survey will close on Friday 12 April, COB.

We value your views, stories and feedback and thank you in advance for taking part.

1. State or Territory:

- ☐ Australian Capital Territory (ACT)
- ☐ New South Wales (NSW)
- ☐ Northern Territory (NT)
- ☐ Queensland (QLD)
- ☐ South Australia (SA)
- ☐ Tasmania (TAS)
- ☐ Victoria (VIC)
- ☐ Western Australia (WA)

2. First Name:

3. Surname:

4. Postcode:

5. Work Postcode or Suburb:

6. What area do you live in?

- ☐ Metro
- ☐ Regional
- ☐ Rural
- ☐ Remote

7. If working, what area do you work in?

- ☐ Metro
- ☐ Regional
- ☐ Rural
- ☐ Remote

8. What is your employment classification?

- ☐ AIN/PCA/PCW
- ☐ EN
- ☐ RN
- ☐ Nurse Practitioner
- ☐ Cook/Kitchen Duties
- ☐ Domestic Services
- ☐ Manager
- ☐ Therapist
- ☐ Other (please specify)

9. In what sector are you employed?

- ☐ Residential aged care - Public aged care (ie. Government owned)
- ☐ Residential aged care - Private aged care - For Profit
- ☐ Residential aged care - Private aged care - Not For Profit
- ☐ In-home care
- ☐ Public or private hospital
- ☐ Community
- ☐ Not sure
- ☐ Other (please specify)

10. What are the issues you are most concerned about? (you can select more than one)

- ☐ Current Commonwealth funding for aged care services
- ☐ Greater transparency and accountability for the use of Government funding
- ☐ Adequate staffing levels for providing high care (e.g. are there enough registered nurses for high care residents?)
- ☐ Adequate staffing levels for meeting basic care needs (e.g. are there enough nurses and care-workers in total?)
- ☐ Levels of experience and qualifications held by nursing staff
- ☐ Quality and/or amount of food
- ☐ Domestic services
- ☐ Standards of care - Appropriate time for bathing
- ☐ Standards of care - Assisting with feeding
- ☐ Standards of care - Bed changes
- ☐ Standards of care - Pain Management
- ☐ Standards of care - Skin Care
- ☐ Standards of care - Wound Management
- ☐ Standards of care - Continence Management
- ☐ Standards of care - Medication management
- ☐ Standards of care - Dementia management
- ☐ Standards of care - Physical and/or chemical restraint
- ☐ Standards of care - Violence, abuse or aggression
- ☐ Other (please specify)

11. Do you think the current funding of aged care is adequate to meet the needs of the aged care residents?

☐ Yes

☐ No

Why or why not?

12. Do you think the current staffing levels at your facility allow you to provide an adequate standard of nursing and personal care?

☐ Yes

☐ No

Why or why not?

13. Do you think the ratio of registered nurses to other care staff in your facility is adequate?

☐ Yes

☐ No

Why or why not?

14. Are residents and/or their families asked to pay for items that were once provided by the facility?

☐ Yes

☐ No

If yes, please specify

15. Are residents transferred to hospital for care that could be provided at the facility if there were more registered nurses or other resources available at the facility able to provide the level of care needed? (e.g. urinary catheter change/pain management)?

☐ Yes

☐ No

If yes, please specify

16. Does your facility have conversations with residents about Advanced Care Planning and End Of Life decisions?

☐ Yes

☐ No

Comment

17. Which of the following do you rank as the main contributor to nurses leaving or not wanting to work in aged care? (select only one)

☐ Staffing levels

☐ Workloads

☐ Pay disparity with public sector

☐ Management practices

☐ Workplace culture

☐ Expectations of residents / families

☐ Documentation

☐ Occupational health issues

☐ Other (please specify)

18. What do you think needs to be done to improve aged care services? (you can select more than one)

☐ More Government funding for staffing

☐ Legislated minimum staffing levels at aged care facilities

☐ Legislated minimum skills mix, included numbers/levels of registered nurses

☐ Minimum training and regulation for all staff involved in direct care of residents

☐ More rigorous accreditation inspections

☐ Less focus on profits for providers and more on minimum care standards for residents

☐ Financial penalties for providers who do not ensure minimum care standards to every resident

☐ The federal government should take full control and responsibility for providing appropriate aged care for each resident

☐ Other (please specify)

19. In relation to the upcoming federal election, if a political party were to make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, would you vote to support them at the election?

- ☐ Yes
- ☐ No
- ☐ Unsure

20. Do you have any other comments you'd like to make or a story you would like to tell us?

21. Do you agree to the ANMF/NSWNMA/QNMU using this story, de-identified, in the media and ANMF reports of the survey?

- ☐ Yes
- ☐ No

22. Are you a member of the ANMF/NSWNMA/QNMU?

- ☐ Yes
- ☐ No

23. Would you be willing to speak to a member of ANMF/NSWNMA/QNMU staff who is working on a media campaign to bring about change? Your identity will be protected, you would have the full support of the ANMF/NSWNMA/QNMU and all conversations will remain confidential.

- ☐ Yes
- ☐ No

If yes, please provide your phone number and email address.



ANMF NATIONAL AGED CARE SURVEY

FOR FAMILY, RELATIVES, FRIENDS AND RESIDENTS



Australian
Nursing &
Midwifery
Federation

ANMF National Aged Care Survey

1. State or Territory:

- ☐ Australian Capital Territory (ACT)
- ☐ New South Wales (NSW)
- ☐ Northern Territory (NT)
- ☐ Queensland (QLD)
- ☐ South Australia (SA)
- ☐ Tasmania (TAS)
- ☐ Victoria (VIC)
- ☐ Western Australia (WA)

2. First Name:

3. Surname:

4. Postcode:

5. Are you an aged care:

- ☐ Resident
- ☐ Relative
- ☐ Friend
- ☐ Community visitor
- ☐ Other

If you selected Relative or Other, please specify

6. What are the issues you are most concerned about? (you can select more than one)

- ☐ Current Commonwealth funding for aged care services
- ☐ Adequate staffing levels for providing high care (e.g. are there enough registered nurses for high care residents?)
- ☐ Adequate staffing levels for meeting basic care needs (e.g. are there enough nurses and care-workers in total?)
- ☐ Levels of experience and qualifications held by nursing staff
- ☐ Quality and/or amount of food
- ☐ Domestic services
- ☐ Standards of care - Appropriate time for bathing
- ☐ Standards of care - Assisting with feeding
- ☐ Standards of care - Bed changes
- ☐ Standards of care - Pain Management
- ☐ Standards of care - Skin Care
- ☐ Standards of care - Continence Management
- ☐ Standards of care - Wound Management
- ☐ Standards of care - Medication Management
- ☐ Standards of care - Dementia Management
- ☐ Standards of care - Physical and/or chemical restraint
- ☐ Standards of care - Violence, abuse or aggression
- ☐ Other (please specify)

7. Do you think the current funding of aged care is adequate to meet the needs of the aged care sector?

☐ Yes

☐ No

Why or why not?

If you have a family member or friend receiving aged care, please answer questions 8 – 10, if not please go to question 11.

8. Do you think the current staffing levels at your facility are able to provide an adequate standard of nursing and personal care?

☐ Yes

☐ No

Why or why not?

9. Do you think the ratio of registered nurses to other care staff in your facility is adequate?

☐ Yes

☐ No

Why or why not?

10. Are you asked to pay for items that were once provided by the facility?

☐ Yes

☐ No

If yes, please specify

11. What do you think needs to be done to improve aged care services? (you can select more than one)

- ☐ More Government funding for staffing
- ☐ Greater transparency and accountability for the use of Government funding
- ☐ Legislated minimum staffing levels at aged care facilities
- ☐ Legislated minimum skills mix, including mandated numbers/levels of registered nurses
- ☐ Minimum training and regulation for all staff involved in direct care of residents
- ☐ More rigorous accreditation inspections
- ☐ Less focus on profits for providers and more on minimum care standards for residents
- ☐ Financial penalties for providers who do not ensure minimum care standards to every resident
- ☐ The federal government should take full control and responsibility for providing appropriate aged care for each resident
- ☐ Other (please specify)

12. In relation to the upcoming federal election, if a political party were to make a major announcement to legislate for minimum staffing levels and skills mix to improve services and care to residents in aged care, would you vote to support them at the election?

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Do you have any other comments you'd like to make or a story you would like to tell us?

14. Do you agree to the ANMF/NSWNMA/QNMU using this story, de-identified, in the media and ANMF reports of the survey?

- ☐ Yes
- ☐ No

15. Would you be willing to speak to a member of ANMF/NSWNMA/QNMU staff who is working on a media campaign to bring about change? Your identity will be protected, you would have the full support of the ANMF/NSWNMA/QNMU and all conversations will remain confidential.

☐ Yes

☐ No

If yes, please provide your phone number and email address.

