THE CARE OF OLDER AUSTRALIANS
A PICTURE OF THE RESIDENTIAL AGED CARE WORKFORCE

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E1. EXECUTIVE SUMMARY[1]

Only a small fraction of the elderly reside in aged care facilities. By their nature, however, those who do are reliant on the care provided by the employed staff of these facilities for much of their daily needs. There is a genuine concern among the providers of aged care facilities, and government, that it will become increasingly difficult to find the number and quality of staff required, in both urban and rural areas, to provide high quality care for a growing number of dependant elders.

The existing level of knowledge about workers in aged care is remarkably limited. No single data source provides an accurate and detailed appraisal of direct care employment in residential aged care facilities in Australia, especially not of the kind that would inform complex workforce planning. It is the purpose of this report to rectify this gap in our knowledge. For the first time, we are able to look in some detail at how many people care for our frail elders in residential aged care facilities, and who these people are. Our source of information is a survey we conducted of all residential aged care facilities in Australia, together with a survey of 6,199 of the direct care workers whom they employ. It should be noted that this report relates only to residential aged care facilities, and does not concern community care. The survey of direct care workers does not include medical practitioners or other staff employed in the facilities who are not directly involved in caring for residents (such as purely administrative staff, gardeners and cleaners). In reporting on the existing workforce, it is not our purpose to make judgements about whether it is optimal or whether it should be changed in any way.

E1: The workforce

We provide, for the first time, a firm estimate of the number of direct care workers employed in aged care facilities, and the number of agency workers. In total, in 2003, there were 116,000 direct care employees, of whom 25,000 were Registered Nurses, 15,000 were Enrolled Nurses,

[1] The surveys on which this report is based were administered by Market Equity, Adelaide. We wish to express our appreciation of their high level of professionalism and co-operation in what was, at times, a difficult task. The team

67,000 were Personal Carers and 9,000 were Allied Health workers (mainly diversional and recreational officers) [2]. The existing sources of information that match these numbers most closely are the ABS Community Services Survey and Employment and Earnings survey.

The distribution of the people employed (the 'heads') is virtually the same as the distribution of the full-time equivalent workforce, despite the fact that only a small minority of workers is employed full-time.

Some major facts about this workforce and their employers, derived from the surveys, include:

- Aged care facilities in Australia vary in their size, balance of high and low care beds, type of ownership, and location. About one third of facilities have only high care beds, one third have only low care beds and one third are mixed. Facilities with both types of beds average 73 beds, 20-30 more than the other types. Two-thirds of facilities are not-for-profit, with a quarter being run for-profit and 10 per cent in public ownership. Most public facilities are co-located and co-managed with other health care facilities. Facilities in metropolitan areas are more likely to focus on high care places than those in regional and rural areas, while rural facilities are smaller than those in other areas.
- The workforce is highly educated. Only 12 per cent have no post school qualifications and 29 per cent have more than one such qualification. Fully one quarter of recently appointed staff were currently studying some post-school qualification, as were 19 per cent of all staff.
- Two-thirds of workers are permanent part-time employees. Only 11 per cent are permanent full-time, with this percentage highest for Registered Nurses (at 18%) and lowest for PCs (at 8%). Overall, the workforce would like to work more hours than they actually do.

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at NILS has also assisted greatly in the production of this report, in particular Diana Ilsley, Peng Liu, Trish Amee and Sofie Tassis. We thank also the thousands of mangers and workers who took the trouble to complete the survey.

[2] In Victoria, Registered Nurses and Enrolled Nurses may be referred to as Division 1 and Division 2 Nurses respectively. Respondents were given the following definition of Personal Carers: personal care attendant, assistant or aide, personal care worker, Assistant-in-nursing, and others. They are workers, other than licensed nurses, who provide personal care to residents as a core part of their job. Allied health workers are were other direct care workers including diversional and recreational officers and allied health professionals.

- An overwhelming 94 per cent of workers are women and 43 per cent of the aged care workers are 45 years or younger, compared with 67 per cent of all Australian workers. Registered Nurses are significantly older.
- The number of vacancies for direct care workers in aged care facilities is generally low, with relatively more vacancies for Registered Nurses than other occupations. Facilities rely on responses to job advertisements and 'walk-ins' as the main sources of PCs.
- PCs leave their aged care jobs for a variety of reasons. A sizeable proportion take PC jobs elsewhere, while a smaller group leave to undertake nursing training. This latter group may be important in replacing older Registered Nurses.
- Agency and contract staff supply a small proportion of the direct care labour in aged care facilities, with around 3 per cent of all shifts being performed by these workers.
- Three quarters of the aged care workforce is Australian born—the same percentage as for all employed Australians.
- About 10 per cent of facilities indicate that they aim to cater for a specific ethnic or cultural group, and about the same proportion say that a large proportion of their PCs come from a particular ethnic group. About half of this ethnic concentration of PCs seems to be associated with the ethnic specialization of facilities, and about half is due to other factors.

In sum, the typical worker is female, Australian born, aged about 50, married, in good health, has at least 12 years of schooling and some relevant post school qualification and works 16-34 hours per week. She is likely to be a Personal Carer, working a regular daytime shift. The post-school qualification is likely to be a Certificate 3 in Aged Care.

The typical recently hired worker has a similar profile, but with some differences. She is younger, less likely to be married, in somewhat better health, more likely to currently be studying.

Turnover of the workforce is clearly an issue that has to be managed by the industry. The data suggest that a quarter of PCs and close to one in five nurses have to be replaced each year—by their current employer, if not by the whole industry.

The workforce was asked a variety of questions about their work and their satisfaction with their job. Most workers are content with their jobs. A small percentage are not and these are typically exceeded by the percentage that is very enthusiastic. Nurses tend to be less enthusiastic than the other two major occupational groups. Staff are strongly motivated by the intrinsic satisfaction of providing good care to the elderly who cannot look after themselves. They also generally like the people with whom they work and feel secure in their jobs. They are reasonably content with the hours that they work. Where they are not, they are more likely to want more rather than less time on the job. Their major sources of aggravation are their pay and an inability to spend sufficient time in providing direct care to each resident.

When asked to look *three* years ahead, 7 per cent did not expect to be in paid employment. Of the remainder, over half (53% of nurses and 59% of PCs) expected to be in their current job. A further 17 per cent expected to still be working in aged care, though perhaps in a different job or with a different employer. In total, one quarter expected to have left aged care employment within the next three years (29% of nurses).

E2: A labour market in crisis?

There are few signs that this is a labour market in crisis, or even under serious stress. We support this view with a number of observations that are based on the data contained in this report.

- The overall level of vacancies, and the levels for each major occupation, are not high, although there is clearly some difficulty in recruiting nurses.
- Only a small fraction of shifts are worked by Agency staff, which suggests that temporary staff are used to cover the usual fluctuations in the workplace, rather than to cover for an inability to recruit regular staff.
- Overall the staff seem to be well qualified for their duties.
- The workforce have a high level of confidence in their skills and believes that they use these skills effectively in doing their job.

- Staff express quite high levels of job satisfaction (especially PCs and Allied Health workers).
- Three quarters of the staff expect to still be working in aged care in three years time.
- There is clear scope for increasing the total hours of work provided by the aged care workforce by offering to employ existing workers for longer hours.

There are *some* indications of stress in the aged care labour market.

One is that nurses (especially Registered Nurses) are substantially older than the typical female worker. Further, on many indicators, nurses are less content with their jobs in aged care than are PCs and Allied Health workers. The relatively high number of vacancies for Registered Nurses suggests some recruitment difficulties.

Another is that there are quite high levels of turnover of direct care staff, especially PCs. This increases the recruitment task. However, there is not a long training period required in order to be eligible to perform PC work. It is likely therefore that the supply of workers for these jobs will be quite responsive to modest changes in the relative attractiveness of the pay and conditions.

The recruitment and retention challenge facing the aged care facilities would rise substantially if the overall Australian labour market became much tighter. But in that they would not be alone.

1. THE CARE OF OLDER AUSTRALIANS: A PICTURE OF THE RESIDENTIAL AGED CARE WORKFORCE

1.1: Introduction

Only a small fraction of the elderly reside in aged care facilities. By their nature, however, those who do are reliant on the care provided by the employed staff of these facilities for much of their daily needs. Many of these staff are qualified nurses, some are allied health workers such as physiotherapists and diversional therapists, while the majority are personal carers[3]. For a number of years there has been difficulty in recruiting and retaining nurses right across the health system, and including aged care facilities. The situation with respect to personal carers is less clear. However, there is a genuine concern among the providers of aged care facilities, and government, that it will become increasingly difficult to find the number and quality of staff required, in both urban and rural areas, to provide high quality care for a growing number of dependant elders.

This is not a new concern. Previous attempts have been made to understand more fully the number and character of people who provide direct care to residential elders. But alternative sources of information on this workforce have produced an inconsistent, and limited, picture. A companion report to this one examined in detail all the alternative sources of information on the character of the aged care workforce. It concluded that it is not possible to know from existing sources even how many such workers there are, let alone anything systematic about their background, education, length of time working for their current employer, opinions about the work that they do and so on. Much more information was available about nurses than about the other groups of direct care workers, but even this had limitations.

It is the purpose of this report to rectify this gap in our knowledge. For the first time, we are able to look in some detail at how many people care for our frail elders in residential facilities, and who these people are. Our source of information is a survey conducted of all residential care

[3] Personal carers are people who work as a personal care attendant, assistant or aide, personal care worker, Assistant in nursing, and others. They are workers, other than licensed nurses, who provide personal care to residents as a core part of their job.

facilities, together with 6,199 of the direct care workers whom they employ. Details of the survey are contained in the appendix. The survey was commissioned by the Commonwealth Department of Health and Ageing. It had the active support of the relevant peak bodies, namely the Aged and Community Services Australia (ACSA), the Australian Nursing Homes and Extended Care Association (ANHECA) and the Australian Nursing Federation (ANF). The questionnaire was developed by the National Institute of Labour Studies (NILS) and approved by a working party representing the Aged Care Workforce Committee[4]. Where possible, the survey used wording and questions that were comparable with those asked in Australian Bureau of Statistics and other general surveys. This will enable the results of the survey to be compared with data from these other sources. NILS sought and received the endorsement of the questionnaire by the Australian Bureau of Statistics Statistical Clearing House. The survey was conducted between August and October 2003. Every aged care facility that receives funding from the Commonwealth Government was sent a short questionnaire, together with a covering letter explaining the purpose of the survey and indicating the support of the peak bodies. The answers to the questionnaire were then collected over the phone. A total of 63 per cent were willing to provide the information that was requested.

Those facilities that responded to the survey were asked to assist in the distribution of a second questionnaire to their staff. Facilities were asked to pass the employee questionnaire to two groups of their workers. The first group comprised the three workers whose birth date was closest to the time of the distribution of the survey. The second group comprised the last three staff to have been hired. The selection of staff according to their birthday provided us with a sample that was a random representation of all the direct care workers in the sector. This enables us to make reliable statements, based on the survey data, about the whole workforce. The selection of the last three people hired provided us with a sample of recent recruits. This gives an insight into if and how the workforce is changing.[5] A single survey, of course, just gives a snapshot of the situation at the time that the survey is taken. The workforce of today comprises people who have been in their jobs for many years, as well as new comers and those in between.

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[4] The surveys, of both facilities and workers, were administered by Market Equity, an Adelaide-based survey company.

[5] Where the two selection methods chose the same person, that person was allocated to the random sample and the employer was asked to select the fourth most recently hired employee.

The usual way in which changes in a specific workforce are identified is to have repeated surveys, administered at intervals of say two years. The survey that we discuss in this report is the first of its kind. We needed a different strategy, therefore, to get a feel for any changes in the types of people who worked in aged care. The strategy that we adopted was to ensure that we had a sufficient number in the sample of people who had recently accepted jobs in the aged care facilities. We can compare these people—the new hires—with the average worker, who is represented by the respondents selected by date of birth.

For the most part, facilities were asked questions to which they alone were likely to know the answers, such as the number of high and low care beds and the use of agency staff. Similarly, employees were asked to supply information (such as their age and qualifications) which they would readily know but which would be hard for their employer to provide. In addition to asking such factual questions, we asked staff to respond to several questions about the character of the job they did and how they felt about it. Information about the facility was linked to information about each employee.

2. WHAT WE CAN KNOW FROM EXISTING SOURCES

In a companion report to this one[6], we examined three main sources of data about employment in aged care. The first of these is the Australian Bureau of Statistics (ABS), the premier statistical body in Australia. The second is the National Centre of Vocational Education Research (NCVER), which collects information on the size, quality and pervasiveness of vocational training in Australia. The third is the Australian Institute of Health and Welfare (AIHW), which specialises in provision of statistical analyses relating to the broadly defined health sector. In addition to these main sources, we assembled supporting data from a number of miscellaneous sources, including the Commonwealth Departments of Education, Science and Training (DEST), and Immigration, Multicultural and Indigenous Affairs (DIMIA), the Health Services Union of Australia (HSUA), and various state branches of the Australian Nursing Federation (ANF) that have undertaken their own research on aged care workers.

Despite this range of sources, the available level of knowledge about workers in aged care is remarkably limited. No single data source provides an accurate and detailed appraisal of direct care employment in residential aged care facilities in Australia, especially not of the kind that would inform complex workforce planning. Nor can such an understanding be satisfactorily constructed from multiple complementary data sources. The data that are available are often contradictory (despite measuring approximately the same thing), and may be vulnerable to problems of poor reliability and validity.

The **key points** of the analysis presented in the companion report are as follows:

1. *Estimates of total employment* in aged care can be most easily drawn from the Australian Bureau of Statistics' (ABS) "Community Services Survey" (CSS). The CSS focuses on employment in nursing homes and accommodation for the aged. It is therefore free of the problem found in other ABS surveys, that the number of employees in the survey who are in

[6] "Who cares for the elders? What we can and can't know from existing data", National Institute of Labour Studies, August 2003.

our target group is too small to provide the basis for reliable estimates. The CSS is conducted every three years.

2. The CSS shows the number of employees, and distinguishes them from volunteers and contractors. It does distinguish direct care workers from other employees. However, it does not collect information about the specific occupations of employees, and does not count employment in government-operated aged care facilities (although this accounts for only a small proportion of total employment in the aged care sector). More importantly, it does not provide any information on the characteristics of direct care workers or their terms of employment.

3. Data on the employment characteristics of nurses working in aged care are readily available from the Australian Institute of Health and Welfare (AIHW). The Institute maintains detailed records about the employment of Registered and Enrolled Nurses who specialise in aged care, either as geriatric/gerontology clinicians, or through working in residential aged care facilities. The information available includes details of nurses' ages, gender, working hours, geographical locations, and sectors of work. The AIHW collect the data through a biennial national survey, using registration details collected by the relevant state nursing boards, and make their results available through "Nursing Labour Force" publications.

4. Much less is known about personal carers employed in residential aged care. The Census of Population and Housing comes closest to filling this gap, providing the best available data on the characteristics of these workers (including sex, age, working hours and qualifications). However, we raise some serious concerns about the reliability of Census numbers, given that its estimates of aggregate employment in aged care differ substantially from those contained in the CSS (which we consider to be closer to the "true" values).

The Census has a shorter "reference period" than the CSS (meaning that it counts fewer people), it records only persons' "main" jobs, and it is subject to other response errors that stem from its "self-enumeration" methodology (i.e., people provide the information about themselves with minimal qualified guidance).

5. There is a range of ABS surveys of employment that provide extensive information on important topics such as forms of employment, hours worked, qualifications and training, job mobility, age, ethnicity and gender, pay and conditions of work. These surveys are based on a sample size that is too small to enable our target group (direct care workers who are employed in residential aged care facilities) to be identified. In most cases, it is possible to identify the direct care workers, *or* people working in aged care facilities, but not both. Unfortunately, this means that the wealth of useful information that is contained in these surveys cannot be drawn on to understand the characteristics of the aged care workforce.

6. As well as data about current and past levels of employment in aged care, an understanding of the adequacy of additions to the labour force for the sector is crucial for workforce planning. Data of this kind is available from three main sources. NCVER provides information about the supply of new workers with vocational training (particularly personal care/nursing assistants and Enrolled Nurses) through a Student Outcomes Survey that explores the employment destinations of TAFE graduates and "module completers". DEST provide similar data about the supply of workers with nursing qualifications, by focusing on the output of tertiary-level courses. Finally, the Commonwealth Department of Immigration and Multicultural and Indigenous Affairs maintains records of international nursing migration patterns.

From available sources of data, we can know with confidence:

- The number of nurses working in residential aged care facilities;
- The number of nurses newly qualified, with and without an aged care specialty;
- Some personal characteristics of these nurses;
- The number of newly qualified personal carers.

With less confidence, we are able to know:

- The total number of direct carers;
- How they are distributed between the main caring occupations;
- Something about their personal characteristics.

We are unable to know with any confidence the following information that is important for workforce planning, and is available for larger sections of the workforce:

- The terms of employment of direct care workers (such as full and part-time, casual, contract), in total and according to the different occupations;
- The duration of employment, and job changing;
- Multiple job holding;
- Concurrent education and training, including any employer contribution;
- Details of hours worked and hours preferred;
- Qualifications and highest level of schooling;
- Marital status and ethnic background;
- Hourly and total earnings

3. OUR SURVEYS AND WHAT WE SOUGHT FROM THEM

We undertook three surveys in seeking to develop a detailed picture of the aged care workforce. The three surveys were:

- A census of all aged care facilities in Australia, based on a list of all such facilities supplied by the Department of Health and Ageing.
- A survey of a representative sample of the whole direct care workforce in these facilities.
- A survey of a sample of the most recently hired direct care workers in these facilities.

We set out below details of the purpose and characteristics of the surveys in order that the reader can obtain a good feel for how the data were obtained and how reliable they are. In the appendix, we provide some technical material that will assist interested readers to evaluate further the quality of our data.

3.1 Aged Care Facilities Survey

Basic information about aged care facilities already exists. All relevant facilities are registered with the Commonwealth as part of the funding process. Nonetheless, we collected data about the facilities in a separate questionnaire. The main reasons were a) to obtain specific information about their workforce and b) to link the characteristics of the facilities with the main characteristics of the workforce, that were provided by the survey of workers. This linking was also necessary in order to provide the answer to the most basic question, namely how many workers in each type of direct care occupation there are.

A written survey form was sent to all aged care facilities registered with the Department of Health and Ageing. In total, survey forms were sent to 2,881 facilities[7]. Useable responses were received from 1,746 respondents representing 1,801 facilities (due to co-location of facilities, some responses covered several facilities on the original list). The effective response rate was

[7] In all states except Victoria, facilities were asked to mail back their survey form. The Victorian government was anxious to obtain similar data for its own purposes, more rapidly than would occur under the planned survey schedule. In order to expedite the collection of the data from Victorian facilities, their data were collected over the phone.

thus 62.5%, an acceptable figure for a survey of this kind. The response rate was very similar for each of the main categories of aged care facility, ie not for profit (religious, charitable or community), public (State or local government) and for profit (private). Comparisons of the characteristics of facilities responding to the survey with known characteristics of all facilities indicate no significant bias in responses to our survey. The main bias was some over-representation of large facilities—those with more than 60 beds. We are therefore confident that our survey gives an accurate picture of the characteristics of Australian aged care facilities.

3.2 Whole Direct Care Workforce In Aged Care Facilities Survey

Our surveys of direct care workers were undertaken in the context of extremely limited existing information about the characteristics and experiences of this workforce. There is a deal of information known about nurses in general. However, it is often not possible to separately identify those who work in aged care. Our survey of direct care workers in aged care facilities provides the first detailed information about both Registered Nurses and Enrolled Nurses who work in aged care.

In addition to nurses, professional staff include diversional therapists, physiotherapists and recreational officers. Our survey identifies this group separately. It is confined to those who work as employees of the facilities.

Very little is known about personal carers (PCs) from existing data sources. It was one of the main objectives of our employee survey to find out more about who these workers are. An important reason to look closely at this group is that there has been a substantial substitution of PCs for nurses in recent years.[8]

In the case of all these groups of workers, we want to obtain information that is relevant for future workforce planning. The first objective was to understand the current workforce in terms of their distribution among the different occupational groups, and their personal characteristics

[8] See C. Shah and G. Burke, "Job growth and replacement needs in nursing occupations," Monash University – ACER Centre for the Economics of Education and Training (CEET), Working Paper No. 43, September 2002.

such as their qualifications, age, ethnic background, sex, health, marital status and caring responsibilities outside work, and languages other than English. A second set of questions focused on their work arrangements, such as shift pattern, hours worked per week, pay rates, duration of current job, permanent, casual or contract employment, whether currently studying and multiple job holding. A third set of questions focussed on their experience of work. This was intended to identify aspects of the work that were attractive to employees and aspects that might deter people from working in this sort of job. Finally, staff were asked about how they found the job they were in and their expectations about how long they would remain in it.

The employee survey also used a mailback form. Each facility was asked to hand a survey form to the three direct care workers whose birthdays were closest to the date the facility received the surveys. This procedure resulted in a random sample of such workers in each facility and, overall, a representative sample of workers. The overall response rate for this survey was 41.2%, with a 64.6% response rate from direct care workers employed by facilities that did return a valid facilities survey form. Although these are satisfactory response rates, they do raise the possibility of bias in the sample. In fact, it seems likely that the sample under-represents employees who work very short hours (under 15 per week) and those who have less than one year's tenure with their current employer. Neither bias is surprising since those working short hours and having short tenure are likely to be least attached to their jobs (and the workforce). They are therefore likely to find the survey of less significance and relevance for them, resulting in reduced likelihood that they will complete and return the survey form. It is also possible that facilities were more likely to pass over such marginal employees when distributing questionnaires. Although we cannot be certain of the effects of such possible bias in our sample, we consider it in interpreting our findings and are confident that it does not substantially affect the accuracy of the picture of the aged care workforce that we develop.

3.3 Survey Of Most Recently Hired Direct Care Workers In Aged Care Facilities

Workforce planning requires paying special attention not only to the existing workforce in an occupation or industry, but also to the characteristics of those newly recruited to it. Are newly recruited workers different from those already in aged care facilities? If so, in what ways? Are

they suitable workers for the jobs they take? Our survey of recently hired direct care workers aimed to answer questions like these.

Aged care facilities were asked to distribute the survey form to the three most recently hired direct care workers in the facility. This survey used the same mailback questionnaire as the survey of the whole aged care workforce, thus allowing easy comparison of new recruits with the whole workforce. The response rate was slightly lower than that for the whole workforce survey: an overall response rate of 39.0% and a response rate from recent hires in facilities that responded to the facilities survey of 61.1%. We have no direct comparison group for this sample, so it is not possible to directly assess any bias in this sample. However, it is likely that the sample is biased towards longer hours workers and longer tenure workers in the same way as the whole workforce sample (though probably somewhat less so). We take account of this possibility in our interpretation of findings from the survey.

In the sections that follow, we discuss the findings from an analysis of the survey responses.

4. THE WORKFORCE

4.1 The Main Characteristics Of The Workforce

In this section we provide new information on a number of the main characteristics of the people who provide direct care to residents in aged care facilities. Where possible, we compare the aged care workforce with the Australian female workforce.[9] We begin with an estimate of the total number of direct care workers in aged care facilities. We then show how they are divided among the different occupational groups, the types of employment contracts, the hours worked and preferred, age, health, education and country of birth. In doing so, we draw on data provided by the facilities about their staff. We also draw on the responses of the employees. These two sources do not always give the same picture on issues such as the pattern of hours worked. Where there are differences, we discuss these and say which we think is the more reliable.

4.2 Total Employment

A key requirement of workforce planning is reliable information about basic issues such as the number of people working in aged care facilities. Our survey of facilities provides the basis for new estimates of the total workforce in aged care facilities in the key occupational groups. Table 4.1 shows our estimates of total employment in aged care facilities (see Appendix 1 for details of the calculation of these estimates). It indicates that, in mid-2003, there were about 156,000 people in Australia employed in these facilities, of whom about 116,000 were direct care workers (nurses, personal carers and allied health workers).

Table 4.1: Estimated Total Employment In Aged Care Facilities

Total employees	Total direct care employees	Total equivalent full-time direct care employees
156,823	115,660	76,006

[9] Since 94% of the direct care workforce in aged care facilities are women, we get a better picture of the extent to which aged care workers differ from, or are similar to, the norm by comparing them with the female Australian workforce.

As noted in our First Report, existing estimates of aggregate employment vary widely. Our new estimates concur closely with those from the August 2001 Survey of Employment and Earnings (SEE) (Table 1.A in First Report) of total employment in aged care facilities of about 165,000 people (this survey does not distinguish direct care from other employees). They are also broadly consistent with estimates from the Community Services Survey (CSS) which suggested total employment in non-publicly owned facilities in the sector was about 127,000 in 1999-2000 (Table 2 of First Report). Exclusion of employees in publicly owned facilities from the numbers in our survey gives an equivalent estimate of about 142,000 in 2003. Our new estimates provide further evidence that census data significantly underestimate total employment in the sector – 2001 census estimates are of about 84,000 total employment in the sector with about 45,000 direct care workers. Our data confirm that the census also underestimates the proportion of employees in aged care facilities who are direct care workers – 73.8 per cent on our data compared to 53.8 per cent using 2001 census data. They also suggest that the CSS figures for 'direct community service' workers are not equivalent to direct care workers as defined here, and probably include other employees as well.

4.1.1 Occupation

We are able for the first time to provide a detailed breakdown of the occupations of the aged care workforce—most particularly their division between nurses and personal carers (PCs). Although it is not shown in the table, we note that direct care workers overwhelmingly are women: men comprise 5 per cent of nurses, 8 per cent of PCs and 12 per cent of Allied Health workers.

Table 4.2 shows the distribution of workers across the four main occupational groups. The first two columns of data are derived from the worker responses and the last two columns are derived from the facilities responses. It is most encouraging to see that the two sources give a very similar picture. This increases our confidence in the reliability of our survey method and the data that are derived from them. The first three columns show the distribution of people employed—the "heads". The last column shows the distribution of equivalent full-time staff,

taking account of the fact that many staff work less than full time.[10] As it turns out, the distribution of heads across the occupational groups is virtually the same as the distribution of equivalent full-time staff.

We find that staff who provide direct care in aged care facilities are predominantly personal carers and it is likely that their share of all jobs is rising: 57 per cent of all staff and 64 per cent of recent hires are PCs. The next most numerous group is Registered Nurses— at 22 per cent. Enrolled Nurses comprise 13 per cent. The proportion of both types of nurses is lower amongst the recently hired. Diversional therapists and recreation officers are the other sizeable group, comprising the bulk of the Allied Health group and about 8 per cent of all direct care staff.

Table 4.2: Distribution Of The Aged Care Workforce, And New Hires, By Occupation (Per Cent)

	Data from Employees		Data from Facilities	
Occupation	**Whole workforce**	**New hires**	**Number of persons**	**Equivalent full-time**
Registered Nurse	21.6	18	21.0	21.4
Enrolled Nurse	13.0	11	13.1	14.4
Personal Carer	57.1	64	58.5	56.5
Allied Health	8.2	5.7	7.4	7.6
Total number			**115,660**	**76,006**

4.1.2 Employment arrangements and hours worked

We looked at the employment arrangement of workers in two ways. First, facilities were asked to record the types of employment arrangement that their staff were on, distinguishing staff in the main occupations. Second, the workforce was asked how many hours per week they typically worked and whether they were employed on casual terms. Tables 4.3 and 4.4 show the results: Table 4.3 reports the responses of the facilities and only distinguishes full from part time (and permanent from casual). Table 4.4 reports the responses of facilities and the workforce to a more detailed question about hours worked. Both tables refer only to staff employed directly by facilities: they exclude agency and other contract staff not employed by the agencies.

[10] The facilities were asked to provide their own estimates of the number of full-time equivalent staff they employed. Not all were able to do so, and we base our estimates on a grossing up of the valid responses.

Only 11 per cent overall are permanent full-time employees, with this percentage highest for Registered Nurses (at 18%) and lowest for PCs (at 8%). The most common form of employment was permanent part-time. This accounted for over two-thirds of workers, though was less common among Registered Nurses (at 62%). Flexibility for the employer was likely to be obtained by using casual or contract staff (19.5%). The question about casual employment was asked of the workforce, as well as of the facilities. About 13 per cent of the workforce said that they were employed as casuals and a similar proportion said that they were not entitled to paid sick leave. (Eligibility for paid sick leave is one of the major criteria used to distinguish casual from permanent employees.) Recently hired workers were much more likely to be on casual contracts—36 per cent describing themselves as casuals. Interestingly, while 29 per cent said they were not entitled to paid sick leave, a further 6 per cent did not know whether they were or not.

Table 4.3: Nature Of Employment Contract Of Aged Care Workers (Estimated Total Number And Per Cent)

Employment Contract	Registered Nurse	Enrolled Nurse	Personal Carers	Allied Health workers	TOTAL
Permanent full-time	4,344 (18.1)	2,217 (14.2)	5,257 (7.8)	1,089 (12.2)	12,907 (11.2)
Permanent part-time	14,964 (62.3)	10,944 (70.1)	48,151 (71.7)	6,194 (69.6)	80,253 (69.4)
Casual or Contract	4,711 (19.6)	2,443 (15.7)	13,735 (20.5)	1,612 (18.1)	22,500 (19.5)
Total employees	**24,019 (100.0)**	**15,604 (100.0)**	**67,143 (100.0)**	**8,895 (100.0)**	**115,660 (100.0)**

Note: Estimated total numbers are the estimated total number of workers in each category employed in all Australian aged care facilities. Thus, we estimate that altogether, aged care facilities employ 4,344 Registered Nurses, on permanent full-time contracts. The numbers in brackets are per cent of total number in each occupational group. Thus 18.1% of Registered Nurses are employed on a permanent full-time basis.

Table 4.4 (a & b) shows a more detailed pattern of hours worked by the whole workforce and by recent hires, and the pattern that the workforce and the new hires would like to work. Data are drawn from both employees and from the facilities. They refer only to employees, excluding agency workers.

Table 4.4(a) shows the distribution of hours worked, by occupation. Both facilities and the workforce were asked how many hours per week each person worked. The two sources give a

rather conflicting picture. To begin with, the workers (especially the nurses) are more likely than the facilities to say they were working more than 40 hours per week. The reader can decide whom they find more plausible on that matter.

Table 4.4(a): Distribution Of Hours Worked Per Week, For The Aged Care Workforce, By Occupation (Per Cent)

Hours worked per week	Respondent	Nurse	PC	Allied Health	Total
1-15	Workers response	5	8	16	8
	Facilities response	24	23	40	25
16-34	Workers response	53	62	42	57
	Facilities response	51	58	45	55
35-40	Workers response	35	26	39	31
	Facilities response	23	18	15	20
>40	Workers response	7	4	3	5
	Facilities response	2	1	0	1

Note: Data are derived from two different sets of survey respondents. One is the randomly selected workforce. The other is the Aged Care Facilities (ie, the managers thereof).

Since the total percentages have to add to one hundred for each source, a difference in estimates of long hours of work will flow through into different percentages in each of the other hours categories. This, however, is not the source of all the difference. Overall, the facilities record a much higher proportion of staff working 1-15 hours per week (25%) and a much smaller fraction working 35+ hours (21%) than does the workforce survey (8% and 40% respectively). The proportion working 16-34 hours per week is similar from both sources.

In our judgement, the facilities data are likely to somewhat understate the proportion of staff who work long hours. Facilities were asked to refer to records from the last pay period in order to answer the question about hours worked. If staff were not paid for the extra hours, they would not be recorded as having worked them. It is a well documented phenomenon in the rest of the economy that workers are increasingly working long hours for which no formal overtime is paid. It is likely that this practice occurs also in the aged care industry.

Apart from the issue of hours worked in excess of the contract hours, we would expect the facilities data on the hours distribution to be accurate. For the workforce data, we will have some problem, the size of which we cannot know, from non-response bias—ie, not everyone who

received the questionnaire has filled it out and returned it. Non-response is likely to be higher among people who have less engagement in their job, including among people for whom it takes only a few hours of their week (ie, who work short hours in their aged care job). In addition, facilities may have found it hard to locate staff who work only a few hours per week, in order to give them the questionnaire. For these reasons we believe that the workforce data are likely to understate the proportion of staff who work very short hours and we therefore place greater reliance on the facility data for estimating the proportion of workers who work for 1-15 hours per week. Our best estimate is that about 20 per cent of nurses and PCs and about 35 per cent of Allied Health workers work 1-15 hours per week.

There is also some apparent contradiction within the information provided by facilities. While facilities indicated that only about 8 per cent of PCs were on full-time permanent contracts, they also said that 19 per cent worked virtual full-time hours in the two weeks prior to the survey. This suggests that there is flexibility built into employment arrangements of these workers that is used by employers to smooth fluctuating labour needs in their facilities.

Table 4.4(b) gives a different perspective on the pattern of hours worked. It shows how the pattern for newly hired workers differs from that of the existing workforce. It also compares the actual pattern of hours worked with what workers say they would like, and with the pattern for the Australian female workforce. These data are based on employee responses. This means that we need to take care in the comparison between the distribution of hours of the aged care workforce and the Australian female workforce. But it should not invalidate the comparison between the whole aged care workforce and recently appointed workers, nor between actual and desired hours of work.

Table 4.4(b): The Distribution Of Hours Worked, And Hours Preferred, By The Aged Care Workforce, By New Hires And By The Australian Female Workforce (Per Cent)

	Hours actually worked		Hours desired to work		Hours worked
Hours per week	**Whole workforce**	**New hires**	**Whole workforce**	**New hires**	**Australian female workforce**
1-15	8	13	6	6	19
16-34	57	61	53	54	28
35-40	31	21	38	36	37
>40	5	5	3	5	16
Total	**100**	**100**	**100**	**100**	**100**

Source: For the Australian data, Australian Labour Market Statistics, ABS catalogue no. 6105.0, April 2003.

The table shows that only 21 per cent of all staff and a quarter of new hires are employed fulltime (35+ hours per week). To put this in context, over half (53%) of the Australian female workforce works 35 hours per week or more. The aged care workforce stands out, in contrast with the whole Australian female workforce, in not working long hours (ie, over 40 per week). Thus there is a much higher propensity for part-time work in aged care than in other jobs held by women. This conclusion is strengthened if we use just the facilities data on the distribution of hours worked. It is particularly the case for the new hires. It is interesting to note that both the whole aged care workforce and the new hires have the same pattern of preferred hours of work and in each case it is to work more hours than they actually do. New hires in particular would like to work longer hours—36 per cent of them wanting to work fulltime, while only 21 per cent actually do so. This is an important finding, in the context of workforce planning.

Another way in which to look at the relation between the actual hours worked and the desired hours is on a person-by-person basis, rather than in aggregate form. In this case, we take, for each employee, her preferred hours of work and subtract from it her actual hours of work, to find the change in hours that she would like. The results are reported in Table 4.4(c).

Table 4.4(c): The Change In Hours That The Aged Care Workforce Would Like (Per Cent Of The Workforce)

Desired change in hours	Per cent of employees wishing to work this number
10+ hours less	5.5
1-9 hours less	8.5
No change in hours	57.6
1-5 hours more	13.2
6-10 hours more	10.5
11+ hours more	4.6

As with Table 4.4(b), we see that more workers would like an increase in hours than wish to have a decrease. Just over half the workforce wants to work the hours that they are currently working, and 28 per cent wants to work more hours. We can use these data to calculate the extent of under-employment. If everyone worked her or his preferred hours, this would add 1.7 per cent to the equivalent full-time workforce. If only those who want to work more changed their hours of work, then this would add 5.6 per cent to the equivalent full-time workforce.

At the same time, a relatively large 15 per cent of the whole workforce and 22 per cent of recent hires worked more than one job in the week prior to the interview. This is much higher than the 6 per cent for the Australian workforce and is further indication of underemployment among the existing aged care workforce. The potential for increasing the labour supply by increasing hours worked is even greater for recent hires.

4.1.3 Age

The workforce has an age distribution that is older than that of the whole Australian workforce. For example, only 5 per cent of the workforce (12% of new hires) is aged 16-24, whereas for the Australian workforce the comparable figure is 20 per cent. Compared with the Australian workforce, the aged care workforce has half the proportion of workers aged 25-34 (12%). The other side of the coin is the higher proportion aged 45-54 (40%) and 55-64 (17%). Table 4.5 gives the detail.

Table 4.5: Age Of The Aged Care Workforce, Recent Hires, And The Australian Workforce (Per Cent In Each Age Group)

Age	Whole workforce	Recent hires	Australia
16-24	5.4	11.8	19.5
25-34	12.1	17.1	23.6
35-44	25.0	28.6	23.6
45-54	40.1	31.6	21.3
55-64	16.5	10.4	10.4
>65	.9	.5	1.5
Total	**100**	**100**	**100**

Source: For Australian data, electronic version of ABS Labour Force, Australia, Detailed, October 2003.

An examination of the age distribution of the workforce by occupation shows that nurses, especially Registered Nurses, are older than PCs and Allied Health workers are in between. About a quarter of PCs and Enrolled Nurses are 50 or over, compared to 46 per cent of Registered Nurses. The PC workforce has a slightly younger profile than the Enrolled Nurses, with about 18 per cent of PCs being under 30, compared to 9 per cent of Registered Nurses and 4 per cent of Enrolled Nurses. Both the facilities and the workforce data show a similar age profile of the workforce.

Given that 94 per cent of the direct care workforce are women, the standard view of the workforce as being female and relatively old is thus borne out by these data, although it should not be exaggerated: 43 per cent of the aged care workers are less than 45 years old, compared with 67 per cent of all Australian workers. Recent hires lie somewhere in between, with 58 per cent being younger than 45. Registered Nurses, are significantly older and this fact must be taken into account in thinking about the future of the workforce.

4.1.4 Country Of Birth

Three quarters of the aged care workforce is Australian born—the same percentage as for all employed Australians. Relative to all workers, there is a higher representation of migrants from the main English speaking countries. Otherwise the distribution of both the workforce and new hires by country of birth looks much like that for the Australian workforce as a whole, as is shown in Table 4.6. When we look back a generation, we find that the parents of the aged care workforce are more likely to have been migrants than is typical of the Australian workforce as a

whole: only 65 per cent had fathers who were born in Australia. This diversity of country of origin provides some valuable language capacity that is used by some staff in their caring for non-English background elders. Twenty one per cent of the aged care workforce said they were fluent in a language other than English, half of whom used this other language in their work.

Table 4.6: Country Of Birth Of The Aged Care Workforce, Recent Hires And The Australian Workforce (Per Cent From Each Country)

Country of birth	Whole Workforce	Recent hires	Australia
Australia	75.1	73.7	75.6
New Zealand	3.3	3.7	2.6
UK, USA, Ireland, South Africa	8.9	8.3	6.7
Italy, Greece, Germany, Netherlands	1.7	1.5	2.4
Vietnam, HK, Singpr, China, Malaysia, Philipines	3.4	3.5	4.0
Poland, Yugoslavia, Russia, Malta, Croatia	1.2	1.2	0.9
Fiji, Samoa,Tonga	1.5	1.4	0.1
India, Sri Lanka	0.9	0.6	1.0
Other	4.0	5.9	6.7
Total	100	100	100

Source: for Australian data, Australian Labour Market Statistics, ABS catalogue no. 6105.0, April 2003, Table 1.5

Age and marital status are correlated. Perhaps for this reason, when we look just at marital status, we find that a substantially higher proportion (62%) of the aged care workforce is married than is true for the Australian workforce (51%). Conversely, fewer are never married (16% compared with 32%) and more are divorced or separated (19% compared with 11%).

4.1.5 Health

Health is also related to age. Respondents were asked to rate their health, using a scale that is also used by the Australian Bureau of Statistics. Unfortunately, the health data from the ABS are provided only for the whole population aged 15 and over, not for the workforce. The results are reported in Table 4.7. They show a generally positive evaluation of their health by both the aged care workforce and new hires. Just over two thirds of respondents rated their health as either very good or excellent and only a few per cent stated that their health was poor or only fair. They clearly see their health in more positive terms than does the whole adult population.

Table 4.7: Self-assessed health of the aged care workforce, new hires and the Australian population aged over 15 (per cent)

Self-assessed health	Whole Workforce	Recent hires	Australia
Poor	.3	.2	4.8
Fair	4.6	3.6	13.3
Good	27.7	24.7	30.2
Very Good	45	45.1	32.8
Excellent	22.4	26.3	18.9
Total	100	100	100

Source: For Australian data, ABS National Health Survey 2001

4.1.6 Education

A question of considerable interest to workforce planning is the extent to which workers need and have formal qualifications. We start by comparing the aged care workforce with the Australian workforce in terms of the highest level of secondary school that they attained. Table 4.8 displays the results. We see that the highest level of school attained by the aged care workforce and by recent hires is very similar. Each group has a smaller proportion than does the Australian workforce, of people who left school with nine years or less of schooling. Conversely, each has a relatively high proportion who left school at years 10 and 11-- combined, about half of the aged care workforce and 37 per cent of the Australian workforce. The proportion who completed Year 12 is very similar for all three groups.

Table 4.8: Highest level of secondary schooling for the aged care workforce, new hires and the Australian workforce: and whether currently studying (per cent)

Highest level of schooling	Whole workforce	Recent hires	Australia
Did not go to school	.2	.3	1.1
Year 8 or below	3.1	3	10.5
Year 9 or equivalent	7.1	6.6	8.4
Year 10 or equivalent	33.2	31.5	26.7
Year 11 or equivalent	15.9	15.9	10.8
Year 12 or equivalent	40.5	42.7	42.5
Currently Studying	18.7	25.2	

Fully one quarter of recently appointed staff were currently studying some post-school qualification, as were 19 per cent of all staff. This study will add to the already impressively high level of post school qualifications that are held by the aged care workforce.

When we look at the whole aged care workforce, we find that only 12 per cent have no post school qualifications and 29 per cent have more than one such qualification. Table 4.9 shows the types of qualifications held by each of the main occupational groups.

Table 4.9: Post-school qualifications of the aged care workforce, by occupation (per cent)

Post-school qualification	Nurse	PC	Allied Health	Total
Certificate 3 in aged care	7.3	79.2	30.8	43.2
Certificate 4 in aged care	4.9	9.5	11.0	7.6
Certificate 4/diploma in enrolled nursing	26.8	3.5	3.3	13.9
Bachelor degree in nursing	25.7	2.0	4.6	12.8
Other basic nursing qualification	37.3	8.7	10.1	21.6
Post basic nursing qual in aged care	14.3	3.4	4.3	8.3
Post basic nursing qual not in aged care	17.5	2.3	2.8	9.1
Other	9.6	11.7	59.6	14.5

Note: Because staff can have more than one qualification, the totals do not sum to 100.

As is to be expected, the nurses typically have general nursing qualifications, with one quarter having specific qualifications in aged care. Perhaps more surprising, the PCs are also very likely to have a post-school qualification, a large majority of which are in aged care. Fully four fifths have a Certificate 3 in aged care and 10 per cent have higher level qualifications in aged care. Fourteen per cent have formal nursing qualifications. Recently appointed staff have levels and types of qualifications, by occupation, that are very similar to the whole workforce. The only differences are that slightly fewer recently appointed PCs had a Certificate 4 in aged care, and 9 per cent of Allied Health workers had a bachelor degree in nursing.

4.1.7 Summary

We can draw a picture of the aged care workforce from the information that is given above. The typical worker is female, Australian born, aged about 50, married, in good health, has at least 12 years of schooling and some relevant post school qualification and works 16-34 hours per week. She is likely to be a Personal Carer, working a regular daytime shift. The post-school qualification is likely to be a Certificate 3 in Aged Care.

The typical recently hired worker has a similar profile, but with some differences. She is younger, less likely to be married, in somewhat better health, more likely to currently be studying.

4.2 The Main Characteristics Of The Work

The provision of care for the dependant elderly requires facilities to have staff on duty seven days per week, 24 hours per day. It is necessary, therefore, for some staff to work what are often regarded as unsociable hours (eg weekends and nights). In this section, we explore the consequences of this and some other characteristics of the provision of aged care to understand the nature of the jobs done by aged care staff.

We have seen earlier that a majority of aged care staff work part-time. In the table below we see how these hours are distributed across the different types of working patterns that are necessary in a 24 hour operation.

Table 4.10: Actual and desired work patterns of aged care workers, by occupation (per cent)

	Nurse		PC		Allied Health	
Work schedule	***Actual***	***Desired***	***Actual***	***Desired***	***Actual***	***Desired***
A regular daytime shift	56.7	19.7	42.1	24.8	93.9	21.9
A regular evening shift	12.1	6.6	14.2	8.3	0.9	4.0
A regular night shift	6.3	2.9	5.8	4.3	0	0.0
A rotating shift	18.4	7.3	26.6	12.3	1.3	1.3
Spilt shift	0.5	0.5	1	0.5	0	0.0
On call	2.1	1.0	1.6	0.4	0	0.0
Irregular schedule	3.7	1.1	8.5	3.0	3	2.6
No change		60.6		46.1		71.9

The therapists are the staff who have the most standard work patterns and who are most content with them. Almost all (94%) have a regular daytime schedule and this is their strong preference. A small number would like a regular evening shift. The PCs look very different. A minority (42%) works a regular daytime shift and a minority (46%) is content with their current working patterns. While the most preferred change is to a regular daytime shift, a sizeable group would like to move to a rotating shift and a further 8 per cent would like a regular evening shift. The

nurses actual and desired patterns of work fall between those of the other two groups. A small majority (57%) works a regular daytime shift and 61 per cent are happy with their current arrangements. Those who are not would mostly prefer a regular daytime shift. Only a small fraction work an irregular shift or a regular night time shift. Night time work, it seems, is largely covered by rotating shifts.

In an environment in which there is a strong demand for staff in aged care, workers are likely to feel confident of their ability to find a job even without security in one which they currently occupy. Employers, in contrast, will have to offer reasonably attractive terms of employment in order to secure the staff that they need. In Table 4.11 we report the terms of employment of aged care workers. The small proportion of workers, especially nurses, who are employed on a casual contract is a notable feature of this table. It is much lower than the typical figure for Australian workers: about one third of all women employees work as casuals. Even for the PCs, only 18 per cent work as casuals (and 16 per cent report not receiving paid sick leave, which is a usual attribute of casual employment). Nurses are highly likely to be employed in continuing jobs with paid sick leave. Compared with the other two groups, the therapists are relatively likely to be employed on contracts that have a fixed term of employment.

Table 4.11: Terms Of Employment Of The Aged Care Workforce (Per Cent)

Terms of employment	Nurse	PC	Allied Health	Total
Casual	8.6	17.9	8.3	13.2
Job has fixed end date	4.8	8.5	13.6	7.3
No paid sick leave	8.0	15.9	6.6	11.8

The length of time that aged care workers typically spend in a job is a crucial parameter for workforce planning. If job tenure is short, then a large effort has to go into finding and recruiting and training new workers. We rely on the data from the facilities to form a picture of tenure and turnover for aged care workers, rather than use the responses of the workforce. The reasons are the same as those which underlie our decision to give priority to facilities data in the estimation of the pattern of hours worked.

For Australia as a whole, 20 per cent of employed women have been in their current job for less than 12 months.[11] The comparable figure for the aged care workforce is 24 per cent, with only Enrolled Nurses having a smaller fraction of short tenure workers than the Australian average. Enrolled Nurses have a lower rate of turnover (fewer with short tenure and more with long tenure) than do Registered Nurses. This is a surprise, because they are also younger. As we saw earlier, Registered Nurses have a much higher proportion (46%) of nurses over age 50 than do Enrolled Nurses (26%). Older workers generally are more stable in their jobs than are younger workers. (We note that half of the recently appointed sub-set of the workforce survey had been in their current job for less than one year). PCs are rather less likely to have been in their current job for 6 years or more and rather more likely than the rest of the workforce to have tenure of one year or less. The workforce data reinforce the picture that PCs have shorter tenure than nurses, by a substantial margin. Indeed those data report that one third of nurses have been in their current job for 10 years or more (the comparable figure for PCs being 19 per cent).

Turnover of the workforce is clearly an issue that has to be managed by the industry. The data suggest that a quarter of PCs and close to one in five nurses have to be replaced each year—by their current employer, if not by the whole industry.

Table 4.12: Tenure In Current Job Of The Aged Care Workforce, By Occupation (Per Cent)

Tenure in current job	Registered Nurses	Enrolled Nurses	PCs	Allied Health	Total
Less than 1 year	21.4	17.5	26.0	23.5	23.7
1 to less than 5 years	41.2	39.4	48.1	45.9	45.3
6 or more years	37.4	43.1	26.0	30.6	30.9

Note: These data are derived from the responses of the facilities.

The level of pay is, of course, another aspect of the conditions of employment that has important implications for recruitment and retention of an adequate and adequately-skilled workforce. It is not a simple matter to establish whether aged care jobs are relatively well or poorly paid. In making such a judgement, factors such as the required levels of skill and education, the work environment, the hours worked—number and timing—the security of employment and the

[11] ABS *Australian Labour Market Statistics*, 2003, catalogue no. 6105.0, table 2.10.

provision of non-wage benefits need to be taken into account. It was not possible, in the short, self-enumerated survey that we conducted, to obtain such detail from employees. We are able to report the weekly wage earned by the different occupational groups. A more detailed analysis would be possible that linked an estimate of hourly pay with a range of personal and job characteristics, but such an analysis is beyond the scope of this report.

Table 4.13: Weekly Wage In Current Job Of The Aged Care Workforce Before Deductions, By Occupation (Per Cent)

Weekly wage ($)	Nurse	PC	Allied Health	Total
1-500	23.6	61.4	63.9	46.0
501-1000	60.6	37.5	31.9	46.5
1001-1500	15.4	1.1	4.2	7.2
1501-2000	0.4	0.0	0.0	0.2
Total	100	100	100	100

We can see from Table 4.13 that there is a quite different pattern of weekly pay for nurses compared with the other two occupational categories. We can think of $500 per week as being the minimum for providing financial independence for a worker and her family. Three quarters of nurses earn at least this amount. In contrast, almost two-thirds of both PCs and Allied Health workers earn less than this, and thus are not likely to be the main income earner in the family. Almost all the high earning workers (over $1,000 per week) are nurses.

4.3 How Aged Care Staff Feel About Their Work

We took advantage of having direct contact with workers (via the questionnaire) to go beyond asking about their objective characteristics. We also sought information about their experience of the work they do and of the workplace. Clearly, staff who enjoy their work and working environment are more likely to stay in their current job and in the current line of work than are those who have more negative attitudes. Employers who provide satisfying work environments also find it easier to recruit new staff. Thus the quality of the working environment is an important issue for recruitment, retention and workforce planning. We asked for qualitative responses to a number of questions about their work: the results are set out in the next six tables.

We also asked two open-ended questions about the attributes of the job that staff liked most and liked least.

4.3.1 The Work Itself

As Table 4.14 shows, the predominant sense of the aged care workforce is that they do not have enough time to spend with each resident. This is less pronounced for the Allied Health staff, and most pronounced for the nurses: fully three quarters of the latter disagree with the statement that "I am able to spend enough time with each resident" and one third *strongly* disagree. Only 13 per cent of nurses and 21 per cent of PCs believe they have enough time to do the job for which they are employed, to their satisfaction. The pattern of response is very similar for recently appointed workers, although they are a little more neutral in their response. The importance of this sense of being too rushed to do a good job is all the greater because, as we shall see later, staff are highly motivated to provide good care for residents.

Table 4.14: Responses Of The Aged Care Workforce To The Question "I Am Able To Spend Enough Time With Each Resident" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Strongly Disagree	34.2	28.8	19.4	30.3	20.5
Mainly Disagree	23.1	18.1	16.3	20.0	18.2
Disagree	17.2	19.3	14.5	18.0	18.1
Neither agree or disagree	12.3	13.0	14.5	12.8	17.7
Agree	6.3	11.4	18.9	9.9	11.7
Mainly Agree	3.9	5.1	10.1	5.0	7.4
Strongly Agree	3.0	4.3	6.2	3.9	6.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100**

Two additional sets of responses support the view that aged care staff do not have the right balance of time and duties to make the most of their skills in providing care. As Table 4.15 shows, 40 per cent of nurses and a quarter of Allied Health workers estimate that they spend less than a third of their time on the job in providing direct care for residents. Only 22 per cent of nurses think that they spend more than two thirds of their time in actual nurse/care activities. Even half of the PCs feel that a sizeable portion of their time is not spent in providing direct care.

Table 4.15: Responses Of The Aged Care Workforce To The Question "In A Typical Shift, How Much Time Do You Spend In Direct Caring?" By Occupation (Per Cent)

Time spent caring	Nurse	PC	Allied Health	Total
Less than a third	40.3	15.1	25.7	26.5
Between one third and two thirds	37.8	34.5	37.4	36.2
More than two thirds	21.9	50.4	36.9	37.3
Total	**100**	**100**	**100**	**100**

It is reasonable to assume that direct care staff think that their main role at work is to take care of the needs of residents in quite a hands-on way. When many of them feel that they cannot do this to the extent and in the manner that they judge to be appropriate, it is not surprising that they feel under pressure to work harder. Nurses in particular are likely to feel that they cannot do all that is expected of them in the time that is available. Table 4.16 shows that 22 per cent of nurses agree strongly with the statement that "I feel under pressure to work harder in my job". Overall, almost half of direct care workers (and 40% of recent hires) feel this way. Feeling pressed to work harder is not unique to aged care jobs—indeed, the growth in intensity of work is one of the main features of developments in the overall world of work in the past two decades. Nonetheless, this sense among direct care workers has two implications for workforce planning. The first is that it reduces work satisfaction, and hence willingness to move into and stay in aged care jobs. The second is that it indicates that there is little scope for increasing the workload of existing staff as a means to expanding the number of aged care places that are on offer. It is worth noting, however, that there is a wide range of feelings of work pressure. Almost one third of nurses, for example, do not feel under pressure to work harder, while 54 per cent do. Recently appointed workers have a pattern of response that is much like the workforce as a whole, although there is less feeling of pressure among nurses: only 14 per cent strongly agree that they are under pressure to work harder. This suggests that there is considerable diversity in the way in which aged care facilities manage their work loads and staffing.

Table 4.16: Responses Of The Aged Care Workforce To The Question "I Feel Under Pressure To Work Harder In My Job" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Strongly Disagree	12.4	14.1	17.1	13.6	15.9
Mainly Disagree	11.1	13.5	9.2	12.1	12.8
Disagree	8.3	11.6	11.0	10.2	13.4
Neither agree or disagree	14.6	16.0	22.4	16.0	18.1
Agree	14.5	13.7	18.0	14.4	13.6
Mainly Agree	17.1	14.7	12.3	15.5	13.4
Strongly Agree	22.0	16.4	10.1	18.2	12.8
Total	**100**	**100**	**100**	**100**	**100**

All the major types of aged care workers and the most recently appointed staff feel that they have the skills needed to do their job and that they use these skills in their work. Over half of the nurses and PCs strongly agree that they have the necessary skills (as shown in Table 4.18) and around 40 per cent also strongly agree that they use these skills in their work (see Table 4.17). A tiny fraction of all respondents (2.3 per cent) feel that they do not have the necessary skills. A larger proportion—10 per cent of nurses and seven per cent of all workers, believes that they do not use their skills. If we include also those who neither agree nor disagree with the proposition that they use their skills, we find that 20 per cent of nurses appear to have skills that they are not using to any great degree in their job. This indicates that there is some potential for restructuring work to make more efficient use of these scarce talents. This said, the workforce displayed an extremely high level of confidence in its skills and capacity to do the required work. It is interesting to note that the Allied Health workers were somewhat more reserved than the rest in their views that they have the requisite skills.

Table 4.17: Responses Of The Aged Care Workforce And New Hires To The Question "I Use Many Of My Skills In My Current Job" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires total
Strongly Disagree	1.5	0.5	0.4	0.9	1.5
Mainly Disagree	2.5	1.2	1.7	1.8	1.5
Disagree	6.4	2.3	0.9	3.9	4.0
Neither agree or disagree	9.9	5.3	3.9	7.1	9.8
Agree	13.6	16.2	11.8	14.8	16.8
Mainly Agree	27.0	30.0	34.5	29.1	28.2
Strongly Agree	39.2	44.4	46.7	42.4	38.2
Total	**100**	**100**	**100**	**100**	**100**

Table 4.18: Responses Of The Aged Care Workforce To The Question "I Have The Skill I Need To Do My Job" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires total
Strongly Disagree	0.1	0.4	0.4	0.3	0.4
Mainly Disagree	0.3	0.4	0.9	0.4	1.0
Disagree	0.8	2.4	0.9	1.6	1.5
Neither agree or disagree	2.7	4.5	2.2	3.6	7.5
Agree	10.0	12.7	18.8	12.1	15.8
Mainly Agree	34.4	29.5	34.5	31.9	31.5
Strongly Agree	51.7	50.0	42.4	50.1	42.4
Total	**100**	**100**	**100**	**100**	**100**

An important source of job satisfaction is a feeling that the individual worker has a reasonable degree of autonomy in deciding how best to do her work. Highly structured and heavily supervised jobs are known to be particularly stressful. As Table 4.19 shows, the Allied Health workers were the occupational group that felt they had the highest degree of autonomy in their jobs: 80 per cent agreed that they had " a lot of freedom to decide how I do my work". Not surprisingly, PCs felt they had the least autonomy, although even with this group 44 per cent agreed with the statement. Among the nurses, one quarter felt they did not have much freedom in deciding how to do their job. Recently appointed workers responded in a very similar way to the overall workforce, including the differences between the occupations. Overall, it does not appear from this table that strict routines and supervision are a serious impediment to job satisfaction among direct care workers.

Table 4.19: Responses Of The Aged Care Workforce To The Question "I Have A Lot Of Freedom To Decide How I Do My Work" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Strongly Disagree	5.6	7.1	3.1	6.1	6.7
Mainly Disagree	7.8	10.2	2.2	8.5	8.2
Disagree	11.2	14.6	3.9	12.3	11.4
Neither agree or disagree	20.1	23.9	10.5	21.2	23.1
Agree	17.9	18.5	26.3	18.9	21.2
Mainly Agree	21.2	15.0	31.1	18.9	17.3
Strongly Agree	16.1	10.7	22.8	13.9	12.0
Total	**100**	**100**	**100**	**100**	**100**

Workers were asked to give an overall evaluation of how they felt about the work that they did—the extent to which they found it satisfying. This question relates not to all the attributes of

the job, but just to the type of work performed. Respondents were given an 11 point scale ranging from totally dissatisfied to totally satisfied. Their responses are reported in Table 4.20. They show that generally workers were satisfied with the type of tasks their job involved. Almost two thirds (65%) of nurses and 72 per cent of all workers declared themselves satisfied. Nurses were the least and Allied Health workers the most satisfied. Whereas a quarter of Allied Health workers declared themselves to be totally satisfied with the content of their work, only 11 per cent of nurses were this happy. Nurses were also more likely to be dissatisfied or neutral than the other two occupations. Newly appointed workers had very similar attitudes to their job as the established workforce, including the lesser satisfaction of nurses. Whereas 14 per cent of recently hired nurses felt totally satisfied with their work, the figure for PCs was 26 per cent.

Table 4.20: Responses Of The Aged Care Workforce To The Question "How Satisfied Are You With The Work Itself (What You Do)? By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Totally Dissatisfied	2.3	1.4	0.0	1.7	0.8
Very Dissatisfied	2.00	1.0	0.4	1.4	1.2
Mainly Dissatisfied	3.6	2.1	0.4	2.6	2.0
Mildly Dissatisfied	6.0	3.8	0.4	4.4	3.4
Dissatisfied	7.4	5.3	4.3	6.1	4.6
Neither Dissatisfied or Satisfied	14.2	10.8	5.2	11.8	10.4
Satisfied	9.1	7.8	4.3	8.0	9.3
Mildly Satisfied	15.0	13.8	10.4	14.0	13.6
Mainly Satisfied	16.5	19.5	26.0	18.8	19.7
Very Satisfied	13.0	15.0	24.2	15.0	13.9
Totally Satisfied	10.9	19.5	24.2	16.3	21.2
Total	**100**	**100**	**100**	**100**	**100**

We may conclude from the above data that overall direct care workers feel very confident that they have the capacity to do their job well, that by and large they have adequate levels of discretion to exercise those skills, that they draw extensively on their skills in their work and that mostly they find the tasks that they perform to be satisfying. These are very positive conclusions, both in terms of the attractiveness of the work provided by aged care facilities, and in terms of the efficiency with which the direct care skills are utilized.

More problematic are the workers' views on pressure they are under and the opportunity they have to devote a satisfying amount of time to the direct care of the residents. The high proportion

of time that they spend in activities other than direct care seems to be both an aggravation to many of the workers, and a potentially inefficient use of their specific care skills.

4.3.2 The Conditions Of Work

The previous section considered how aged care workers felt about the type of work that they performed. In this section, we look at their assessment of some of the main conditions of work, namely job security, hours and flexibility. We end with their overall evaluation of their job.

Job security is not an issue of concern to most aged care workers. Fewer than one in five were dissatisfied while a quarter were fully satisfied with their job security. There is little difference between the occupations in how they feel on this issue, nor between the whole workforce and the recently appointed ones. It is not surprising that in the current environment of nurse shortages that the nurses should mostly feel content with their prospects for keeping their job (or finding another one should that be necessary). It is more surprising that this should be almost equally the case for the PCs.

Table 4.21: Responses Of The Aged Care Workforce To The Question "How Satisfied Are You With Your Job Security?" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Totally Dissatisfied	2.8	2.4	0.0	2.4	1.7
Very Dissatisfied	2.5	1.4	1.8	1.9	2.6
Mainly Dissatisfied	3.5	2.9	4.8	3.3	3.8
Mildly Dissatisfied	4.5	5.5	0.4	4.7	4.2
Dissatisfied	4.6	4.1	3.9	4.3	5.5
Neither Dissatisfied or Satisfied	8.5	11.9	7.0	10.1	13.7
Satisfied	5.5	7.6	9.2	6.9	8.4
Mildly Satisfied	11.3	11.0	11.4	11.1	12.0
Mainly Satisfied	17.6	16.5	23.2	17.5	16.2
Very Satisfied	13.1	13.1	16.2	13.4	11.5
Totally Satisfied	26.1	23.4	21.9	24.4	20.4
Total	**100**	**100**	**100**	**100**	**100**

We know from the responses to the survey that 70 per cent of staff have families and many work part-time. In addition, 45 per cent spend regular time each week in providing care for members of their households with 20 per cent spending more than 40 hours per week in provision of such

care. We would expect, in these circumstances, that the ability to balance the demands of work and family would be a significant issue for many staff. In Table 4.22 we report their assessment of the flexibility that their job provides for maintaining this balance.

Table 4.22: Responses Of The Aged Care Workforce To The Question "How Satisfied Are You With The Flexibility Available To Balance Work And Non-Work Commitments?" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Totally Dissatisfied	4.1	2.1	0.9	2.9	1.8
Very Dissatisfied	2.7	2.6	1.3	2.6	2.1
Mainly Dissatisfied	4.1	2.1	3.1	3.0	2.7
Mildly Dissatisfied	5.4	4.6	4.4	4.9	4.2
Dissatisfied	3.7	4.8	3.5	4.2	5.0
Neither Dissatisfied or Satisfied	13.8	14.5	16.4	14.4	12.9
Satisfied	8.7	6.2	5.8	7.2	8.8
Mildly Satisfied	8.8	14.8	10.2	11.9	12.5
Mainly Satisfied	16.5	17.4	20.4	17.3	16.0
Very Satisfied	13.0	11.9	15.5	12.7	13.1
Totally Satisfied	19.1	19.0	18.6	19.0	21.1
Total	**100**	**100**	**100**	**100**	**100**

Two thirds of the workforce are satisfied with the opportunities for flexibility, with little difference among the occupations and between the recent hires and the whole workforce. About one in five are totally satisfied. Among nurses, one in five are also dissatisfied and it is perhaps surprising that the PCs have less complaint than the nurses, with 16 per cent dissatisfied. Overall, it seems that aged care jobs provide good opportunities for balancing home and work demands. No doubt the high proportion that are permanent and part-time facilitates this balance.

We saw earlier that 57 per cent of workers said they would like to work a number of hours that differed from their current hours. In the next table (Table 4.23) we report the responses to a direct question on the extent to which workers are satisfied with the hours that they work. This gives us more nuanced information on the extent to which workers are satisfied or otherwise with their hours of work.

Table 4.23: Responses Of The Aged Care Workforce To The Question "How Satisfied Are You With The Hours You Work?" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Totally Dissatisfied	2.6	2.1	2.6	2.4	2.1
Very Dissatisfied	2.1	2.0	0.9	1.9	2.9
Mainly Dissatisfied	2.4	2.9	3.1	2.7	4.2
Mildly Dissatisfied	3.7	5.4	4.0	4.6	4.9
Dissatisfied	4.0	4.9	2.2	4.3	6.6
Neither Dissatisfied or Satisfied	9.0	11.9	7.0	10.3	11.8
Satisfied	6.9	6.8	11.5	7.2	7.8
Mildly Satisfied	7.9	10.4	6.2	9.0	11.5
Mainly Satisfied	17.1	16.4	15.9	16.6	16.0
Very Satisfied	15.2	12.5	21.1	14.4	13.0
Totally Satisfied	29.1	24.7	25.6	26.6	19.3
Total	**100**	**100**	**100**	**100**	**100**

Most are very or mainly satisfied with their hours. Three quarters of nurses and 80 per cent of Allied Health workers are satisfied with their hours, with at least one quarter being very satisfied. About 15 per cent are not happy. Again, the PCs are very similar to the professional staff in the degree to which they are (or are not) content with the hours that they work. Recently appointed workers (including nurses) are a little less likely to be totally satisfied and a little more likely to be dissatisfied with their hours of work. This suggests that, while many workers would like some change to the hours that they work (in particular, an increase), most do not feel very strongly about this.

What we have seen so far suggests that workers are pretty content with their jobs. The big exception is pay. When asked how satisfied they were with their pay, a clear majority (58%) said that they were dissatisfied and a large fraction—including 18 per cent of nurses and 21 per cent of PCs—said they were totally dissatisfied. PCs are the most unhappy with their pay, with 61 per cent expressing discontent. The detail of the responses is reported in Table 4.24. Recently appointed workers are somewhat less unhappy in their views of their pay (43% are discontented), and are less likely to express strong discontent (9% of nurses and 13% of PCs saying they were totally dissatisfied).

Table 4.24: Responses Of The Aged Care Workforce To The Question "How Satisfied Are You With Your Total Pay?" By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Totally Dissatisfied	18.1	21.1	14.0	19.2	11.5
Very Dissatisfied	10.6	11.5	9.2	10.9	10.0
Mainly Dissatisfied	9.8	11.5	8.7	10.6	9.3
Mildly Dissatisfied	11.6	11.0	10.0	11.2	11.9
Dissatisfied	6.1	6.9	7.0	6.6	7.2
Neither Dissatisfied or Satisfied	14.5	12.3	10.9	13.1	11.4
Satisfied	4.6	6.0	8.7	5.6	6.7
Mildly Satisfied	8.1	6.1	7.4	7.0	10.6
Mainly Satisfied	8.7	6.1	12.7	7.8	9.2
Very Satisfied	4.0	3.9	7.9	4.3	5.3
Totally Satisfied	3.8	3.5	3.5	3.6	6.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100**

The level of dissatisfaction with pay is relevant to workforce planning if it affects the ability to recruit and retain workers, and if it affects the level of commitment and effort they put into their work. We cannot know from our data how many people have been deterred from working in aged care because of the low pay. The fact that recently appointed workers are a little less dissatisfied with their pay than the whole workforce, and that overall people are mostly reasonably content with their jobs, suggests that pay is not at this stage critical to recruitment and retention. It would become more of an issue were the labour market to become tighter. It clearly is an aspect of aged care jobs that facilities and workforce planners should give serious attention to.

A job, of course, has multiple facets and we have been looking in detail at some of them. In most cases workers were pretty happy with each of the attributes that we examined. We finally asked respondents to consider all aspects of their job and indicate how they felt about the overall package. Table 4.25 reports the results.

Table 4.25: Responses of the aged care workforce to the question "All things considered, how satisfied are you with your job?" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Totally Dissatisfied	2.7	1.0	0.9	1.7	0.8
Very Dissatisfied	1.7	0.6	0.4	1.1	0.9
Mainly Dissatisfied	3.1	2.4	1.3	2.6	1.2
Mildly Dissatisfied	4.1	3.7	2.6	3.8	2.6
Dissatisfied	4.3	4.2	1.7	4.0	3.0
Neither Dissatisfied or Satisfied	13.6	11.3	6.9	11.9	10.1
Satisfied	8.7	7.2	6.9	7.8	8.6
Mildly Satisfied	17.0	13.5	8.7	14.5	15.6
Mainly Satisfied	18.6	21.0	25.5	20.4	20.9
Very Satisfied	15.0	15.7	28.1	16.5	15.8
Totally Satisfied	11.1	19.4	16.9	15.7	20.5
Total	**100**	**100**	**100**	**100**	**100**

The results are quite encouraging for employers and those concerned with workforce planning. Three quarters of all workers (and 81% of recently hired workers) express some degree of positive satisfaction with their job. This is most pronounced for the Allied Health occupations (86%) and least apparent for nurses (70%). Among the recent hires, the PCs had the highest level of active satisfaction with their job, with 25 per cent saying that they were totally satisfied. The nurses had the highest rates of dissatisfaction (16%) and more of them felt neutral than was true for the other occupations. So Table 4.25 supports the picture that has emerged from the more detailed look at specific aspects of aged care work. Most workers are content with their jobs. A small percentage are not and these are typically exceeded by the percentage that is very enthusiastic. Nurses tend to be less enthusiastic than the other two major occupational groups.

A key indicator of whether pay and the other dimensions of aged care work are relatively attractive is people's willingness to stay in the job. Other factors, such as workers own health and age and the needs of family members will also affect people's expectations of how long they will stay in the job. From the point of view of workforce planning, it is valuable to know both how long people expect to stay, and the reasons for leaving if they expect to. The latter are relevant because some may be amenable to actions taken by employers. To get a feel for the extent to which aged care workers were likely to stay with their current employer, or in the aged care

system more generally, respondents were asked where they saw themselves working in three years time.

While there was a degree of uncertainty in the minds of a number of workers, three quarters of them expected to still be in paid employment in *one* year's time—with 6 per cent being clear that they would not. When asked to look *three* years ahead, a similar proportion (7%) did not expect to be in paid employment. Of the remainder, over half (53% of nurses and 59% of PCs) expected to be in their current job. A further 17 per cent expected to still be working in aged care, though perhaps in a different job or with a different employer. In total, one quarter expected to have left aged care employment within the next three years (29% of nurses). The responses of the recently hired workers are very similar, including by occupation. The main difference was that only 3 per cent expected to not be working for pay in three years time. This gives some feel of the size of the recruitment task facing the industry. It suggests that about 10 per cent of the stock of nurses and 8 per cent of the stock of PCs need to be replaced each year, even if there is no expansion in total employment. This is quite a modest requirement, if expectations are realized. We note at this point that the data from the facilities indicates a much higher rate of turnover, and short tenure, than does the data from the workers, so the actual task of replacement is likely to be larger than Table 26 indicates.

Table 4.26: Responses Of The Aged Care Workforce To The Question "Where Do You See Yourself Working Three Years From Now?", By Occupation (Per Cent)

Response	Nurse	PC	Allied Health	Total
Not working for pay	8.6	5.7	9.7	7.2
Same job as now	53.1	59.2	61.2	56.8
Different job, same employer	8.7	7.9	4.8	8.0
Similar job, different employer in aged care	6.0	5.8	8.4	6.1
Similar job, different employer not in aged care	7.6	5.4	1.8	6.0
Different job, different employer in aged care	3.0	2.9	3.5	3.0
Different job, different employer not in aged care	12.9	13.0	10.6	12.8
Total	**100**	**100**	**100**	**100**

4.3.3 In Their Own Words

We conclude this section with a brief summary of the aspects of working in aged care that workers said they most liked and most disliked.

Three things stand out as being the most attractive parts of the job. The first is the quality of interpersonal relations with other staff. Aged care workers like the people they work with and this is a major part of their job satisfaction. This is true of the workforce as a whole, of recent appointments, and of each of the main occupational groups.

The second is the satisfaction derived from helping the people they care for. The intrinsic pleasure of improving the quality of the lives of the dependent elderly is very important to aged care workers, most particularly for the PCs. This is an substantial point. It highlights the importance of ensuring that staff have sufficient time to provide this care in a satisfying way, if they are to enjoy and wish to stay in their jobs.

The third thing that staff most like about their jobs is the satisfaction of having the skills to do the job well, and feeling competent in what they do. As with the other main points, this is powerful for all the groups we have looked at.

There are some small differences among the main occupations, but great similarity between the workforce as a whole and more recent appointments. Nurses give relatively high weight to the benefits of flexibility of hours; PCs give relatively high weight to the intrinsic satisfaction of providing care and seeing the residents happy; and the Allied Health workers give relatively high weight to having colleagues whom they enjoy working with.

On the negative side, workers were asked to nominate the worst things about their job. Twelve per cent of all staff and 20 per cent of recent appointments did not nominate anything as worst. For those who did have a complaint, two aspects of the work dominated the responses. Staff felt quite strongly that they did not have enough time to spend with residents or otherwise do their job properly. Related to that, they felt that the facility where they worked did not employ

sufficient staff. All the groups felt this, with PCs most likely to nominate this as something they disliked about their job.

The other source of aggravation was pay. A resentment at low levels of pay was felt equally by each of the main occupations and by newly appointed staff and the whole workforce.

In addition to these two widely shared dislikes, there were some issues that were specific to sub-sets of the staff. Nurses and Allied Health workers were quite likely to cite paperwork as one of the worst aspects of their job, but this was much less of a worry to the PCs. Nurses, PCs and recently appointed workers were more likely to complain about the pattern of hours that they worked.

The pattern of responses to the open-ended questions, where staff were asked to nominate what they liked and disliked about their job, mirrors quite closely the attitudes that were identified in the earlier specific questions about defined aspects of the work and the conditions of work.

4.4 Personal Carers

Personal Carers are the largest occupational group in aged care facilities, both in the actual number of individuals employed as direct care workers (58.1%) and in terms of equivalent full-time employees (56.5%). They are of particular interest as a key group in future staffing of facilities. They are also the group of staff for whom there is least information from other data sources. In this section we provide a picture of these workers as this is perceived by the facilities that employ them. Additional information, from the worker's perspective, was provided in Section 4 of this report.

While PCs are not required to possess particular educational qualifications, vocational qualifications are available for them. The Certificate III and IV in Aged Care are the most common relevant qualifications. Responses from facilities indicated that 60 per cent of PCs held the Certificate III in Aged Care, while only 6 per cent held the Certificate IV in Aged Care. These estimates concur closely with those from the employee survey: 66 per cent of the PCs in the survey reported that they have a Certificate III in Aged Care, and 8 per cent that they have a Certificate IV.

There is considerable variation in the proportion of PCs in facilities with the former qualification. Table 4.27 shows that 10 per cent of facilities have no PCs with the Certificate III in Aged Care, and one in five facilities have less than a quarter with this qualification. However, in just over a third of facilities at least three quarters of PCs have the Certificate III. The Certificate IV is much rarer – 60 per cent of facilities have no PCs with this qualification, and in only 8 per cent per cent do more than a quarter have it. Oddly, facilities with only high care places have lower rates of qualified PCs than facilities with only low care places.

Table 4.27: Percent Of Facilities With Varying Proportions Of PCs Holding Certificate III And Certificate IV In Aged Care (Per Cent)

Proportion of PCs with qualification in facility	With Aged Care III	With Aged Care IV
None	9.6	59.7
Less than a quarter	10.8	29.9
A quarter to less than a half	20.0	4.9
A half to less than three quarters	24.9	2.1
Three quarters or more	34.7	1.1

An understanding of the dynamics of employment in aged care facilities also requires information about the routes workers follow into and out of jobs. Our survey asked facilities to provide their estimates of the proportion of PCs coming into their employment through various channels. Table 4.28 shows that responses to job advertisements appear to be the most common routes into PC positions (on average, facilities say that nearly 40 per cent of their PCs are recruited in this way), closely followed by 'walk-ins'. 'Walk-ins' presumably include people who hear of positions through personal networks as well as 'cold' approaches to facilities.

Table 4.28: PCs' Routes Into Current Employment

Employment source	Avg % estimated to have arrived from emplt source
Walk-ins	31.2
Work placement	18.1
Job Ad	38.8
Other/don't know	11.9

We can obtain another perspective on the source of information about job vacancies from the employees themselves. The responses of the recently hired workers to the question "How did you find out your job was available?" are reported in Table 4.29. Two sources of information

dominate: newspaper advertisements and personal contacts. This is true for all three occupational groups, including PCs. The facilities's estimates and those of the workers accord reasonably well if we infer that the job ad for the facility is comparable to the newspaper ad for the worker. Walk-ins and don't know for the facility are likely to match personal contacts for the workers. The main point of interest about recruitment is that the traditional methods still predominate, including informal networks among friends and family.

Table 4.29: Sources Of Information About The Vacancy For Their Job For The Most Recently Hired Workers (Per Cent)

Source of job information	Nurse	PC	Allied Health	Total
Job network employment agency	1.8	3.9	3.1*	3.0
Other employment agency	3.3	1.6	1.6*	2.2
School program	.4*	2.0	0.0*	1.2
Newspaper advertisements	45.4	37.8	44.2	41.4
Internet sites	1.7	.8*	10.9	2.1
Friends/relatives/ professional contacts	36.9	39.6	31.0	37.8
Workplace noticeboards	5.7	3.8	2.3*	4.4
Other	4.8	10.5	6.9	7.9

Note: (*) Small number of observations in cells (<5)

The destinations of PCs who leave facilities is clearly a key concern for facilities needing to maintain appropriate staffing levels. Table 4.30 shows that respondents for facilities were able to provide information about the destinations of about three quarters of departing PCs. They estimated that 30 per cent went to PC positions in other facilities. A similar proportion (28%) left PC positions to enter other careers, with nearly half of these entering nursing. Thus, PC employment may be an important pathway into nursing careers. A further 10 per cent of departing PCs left for retirement, 6 per cent went on maternity leave, 3 per cent departed due to injuries, and the remaining quarter left for other, unspecified reasons.

Table 4.30: PCs' Reasons For Leaving (Per Cent)

Reason for leaving	Avg % estimated to have left for this reason
Retirement	10.4
Nursing career	12.9
Different career	14.9
PC employment elsewhere	29.7
Maternity leave	5.6
Injury	3.2
Other	23.4

4.5 Agency and Contract Staff

Aged care facilities make use of direct care workers who are engaged through agencies rather than directly employed by facilities. Table 4.31 indicates that agency or contract PCs are the most commonly used such staff – 30 per cent of facilities used them in the two weeks prior to the survey. More than a quarter of facilities used Registered nursing staff from agencies or on contracts, while only around 10 per cent used Enrolled Nurses or allied health workers who were from agencies or as contractors. Overall, 44 per cent of facilities used some agency staff in the two weeks prior to the survey. Table 4.31 shows estimated numbers of agency and contract staff used in all Australian aged care facilities during this period. These figures undoubtedly contain considerable double counting of individual agency and contract workers, as is indicated by the fact that these staff generally average less than two shifts per engagement. Table 5.15 also shows an estimate of the proportion of all shifts worked in Australian aged care facilities that are worked by agency and contract staff (assuming that full-time staff work 9 shifts per fortnight). Agency staff appear to work between 2.5 per cent and 3.5 per cent of all shifts, again indicating that they provide a minor component of overall labour in aged care facilities. Of course, they remain likely to be an essential component of labour arrangements in such facilities, required to smooth unpredicted fluctuations in labour needs.

Table 4.31: Use Of Agency And Contract Staff

Employee Classification	Proportion of facilities that did not use any agency staff during past 2 weeks (%)	Estimated no. of contract staff used during past 2 weeks in all Australian facilities.	Estimated no. of shifts worked by agency/ contract staff in past 2 weeks in all Australian facilities	Average shifts worked per agency/ contract staff member	Estimated proportion of all shifts worked by agency/ contract staff (%)
RN	73.5	3065	5118	1.7	3.5
EN	91.0	1354	2260	1.7	2.3
PCs	70.2	8345	13374	1.6	3.5
Allied Health	88.9	667	1328	2.0	2.6

5. THE FACILITIES SURVEY

Our survey of facilities provides a profile of facility characteristics and further information about the workforce in facilities and how it is distributed across them. This information is useful in understanding the opportunities facing those in the aged care workforce, and those seeking to enter it.

5.1 A Profile Of Facilities

Facilities vary in their size and in the proportion of low and high care beds they offer. Table 5.1 shows the proportion of facilities with different numbers of high care, low care and total beds. About one third of facilities had only high care beds, one third had only low care beds, and another third had both high and low care beds. Twenty-nine percent (15.2% plus 13.8%) of facilities have more than 40 high care beds, while 26 per cent have more than 40 low care beds. Overall, there is considerable variation in the size of facilities, without strong indications of a tendency towards a modal size: about 30% per cent of facilities had more than 60 beds, while 41 per cent had 40 or fewer beds. As Table 5.2 indicates, facilities with only low care beds tend to be smaller than those with only high care beds, while those with both types of beds are much larger again, averaging 73 beds.

Table 5.1 also shows that our facilities sample quite closely mirrors the distribution of facility sizes according to official figures at June 2002 and June 2001. Our sample probably slightly over-represents larger facilities (those with more than 60 beds) and slightly under-represents those with 40 or fewer beds. However, the differences are not disturbingly large. They are undoubtedly influenced by ongoing increase in the average size of facilities, a pattern evident from comparison of the 2001 and 2002 figures.

Table 5.1: Proportion Of All Facilities With Varying High Care, Low Care And Total Beds

Number of beds	High care beds (% of all facilities with indicated no. of high care beds)	Low care beds (% of all facilities with indicated no. of low care beds)	Total beds (% of all facilities with indicated no. of total beds)	Total beds, June 2002 (% of all facilities with indicated no. of total beds)	Total beds, June 2001 (% of all facilities with indicated no. of total beds)
None	32.9	34.1	0	0	0
1-20	14.9	13.4	8.5	10.9	11.3
21-40	23.1	26.3	32.1	36.3	37.6
41-60	15.2	17.2	29.3	29.9	29.6
61+	13.8	9.0	30.1	22.9	21.5
	100	**100**	**100**	**100**	**100**

Sources: June 2002 figures: Steering Committee for the Review of Commonwealth/State Service Provision, *Report on Government Services Provision*, Productivity Commission, Canberra, 2003, Table 12A.6; June 2001 figures, calculated from: Steering Committee for the Review of Commonwealth/State Service Provision, *Report on Government Services Provision*, Productivity Commission, Canberra, 2002, Tables 12A.3, 12A.4, 12A.5.

Table 5.2: Distribution And Size Of Facilities

Type of facility	Distribution	Average number of beds
Low care places only	32.9%	42.1
High care places only	34.1%	53.2
High and low care places	33.0%	73.3

There is some variation in the size and structure of facilities by location, particularly by State. Table 5.3 indicates that differences between facilities located in metropolitan, regional and rural areas are relatively small. The most noticeable differences are that regional and metropolitan facilities are significantly larger than rural ones, and that metropolitan facilities are more specialised than rural or regional ones, being less likely to have both types of beds and more likely to have high care beds only. In Victoria, NSW and WA, fewer than 30 per cent of facilities have both high and low care beds. By contrast, over 60 per cent of Tasmanian facilities have both types of beds, over half of Queensland facilities do, and over 40 per cent of South Australian facilities are mixed. Amongst facilities with only one bed type, those with high care beds are somewhat more common in NSW, SA and Tasmania, whereas the numbers are even in Victoria, and in Queensland, WA and the ACT facilities with only low care beds are more common. There is also some variation in the size of facilities by State, with Queensland and the ACT having larger facilities than the other States while Victorian facilities are slightly smaller

than the national average[12]. Victorian facilities are especially notable in having fewer high care beds than those in other States.

Table 5.3: Facility Type By Location

	Metro	Regional	Rural
% low care only	30.8	33.4	36.3
% high care only	40.9	28.8	25.9
% both low and high care	28.3	37.8	37.8
Mean no. of high care places	33.0	30.7	20.5
Mean no. of beds	60.1	62.9	42.8

Table 5.4: Facility Type By State

	NT	NSW	Vic	Qld	SA	WA	Tas	ACT
% low care only	20.0	32.0	36.2	30.6	25.0	43.4	15.2	38.9
% high care only	40.0	40.3	36.2	21.4	33.9	27.0	23.9	27.8
% both low and high care	40.0	27.7	27.6	48.0	41.1	29.6	60.9	33.3
Average no. of high care places	27.9	33.0	22.7	31.6	31.1	25.8	34.1	39.8
Average no. of beds	39.4	57.5	49.3	66.3	55.3	53.2	54.1	79.9

The profiles of aged care facilities also vary considerably depending on their ownership structure. As Table 5.5 shows, two thirds of facilities are not-for-profit entities, with a little under a quarter being profit making organizations, and just under 10 per cent being publicly owned. For-profit facilities concentrate on providing high care beds, with nearly 70 per cent of for-profits having only high care beds, compared to 50 per cent of publicly owned and 19 per cent of not-for-profit facilities. Unsurprisingly, for-profit facilities have many more high care beds than the other ownership types, and fewer low care ones than publicly owned facilities. The latter are, on average, significantly smaller than the other two types.

Table 5.5: Facility Type By Ownership

	Not for profit	For Profit	Public
% low care only	41.8	13.2	21.8
% high care only	18.9	69.0	50.9
% both low and high care	39.2	17.8	27.3
Average no. of high care places	22.4	47.7	27.3
Average no. of beds	56.6	59.2	40.8
% of facilities	66.4	23.9	9.7

[12] The slightly smaller average size of facilities in Victoria may arise from the different mode of collection of the survey data in that state. Facilities were repeatedly contacted by phone and asked to provide the answers to the questionnaire over the phone. This may have increased the response rate of small facilities, compared with the national average response rate of this group.

As is well known, the profile of ownership types in aged care facilities varies across States. Victoria is distinctive in having a far greater proportion of its facilities in public and in private ownership than the other States, and consequently a much smaller proportion owned by not-for-profits. In fact, while other States have around three quarters of their facilities operated as not-for-profits, this is the case for just under half of Victorian facilities. Aside from Victoria, where for-profits are 31 per cent of facilities, about 20 per cent of facilities are owned by for-profit organizations (except in the Tasmania where the figure is 11% per cent and NT which has none). While public ownership accounts for about 23 per cent of Victorian facilities, only 7-8 per cent of facilities in Queensland, SA and Tasmania are in public ownership, while the numbers in NSW, WA and the ACT are negligible, and the NT has no publicly owned facilities.

It is generally the case that the distribution of employment in aged care facilities follows the distribution of facilities themselves. So that where there are more facilities, there is more employment. Table 5.6 shows the distribution of all employees and direct care employees in aged care facilities by location, facility type and type of ownership. Just over half of employees in aged care facilities work in metropolitan areas, with the remainder being spread almost equally across regional centres and rural areas. The proportion of the aged care workforce in each State broadly reflects overall population distribution, with about 60 per cent being employed in NSW or Victoria. Relatively few aged care workers are in facilities with only low care beds (16% of direct care workers), while facilities with only high care beds employ the greatest number (44% of direct care workers). This distribution reflects the greater staffing needs of high care beds, and the number of facilities with different types of beds. Most employment of direct care workers (62%) is in facilities that are run as not-for-profit organizations, though nearly 30 per cent of employment is in for-profit facilities.

Table 5.6: Total Employment By Location, State, Facility Type And Ownership (Per Cent)

		Percent of total employees	Percent of all direct care employees
Location	Metropolitan	52.7	53.7
	Regional	22.4	22.6
	Rural	24.9	23.8
State	NT	0.3	0.4
	NSW	31.2	32.1
	Vic	30.4	29.4
	Qld	16.1	15.8
	SA	9.3	9.7
	WA	7.6	7.8
	Tas	3.6	3.1
	ACT	1.5	1.5
Facility type	Low care places only	18.1	16.3
	High care places only	40.0	44.2
	High and low care places	41.9	39.5
Ownership Type	Not-for Profit	64.5	61.6
	For Profit	26.1	28.9
	Public	9.4	9.5

The distribution of all staff is very similar to the distribution of direct care staff. The main difference is apparent in facilities with high care beds, where the ratio of direct care staff to all staff is higher than average (the reverse is true for facilities with only low care beds). This is readily understandable.

5.2 Co-Location And Co-Management Of Facilities

Publicly owned facilities are commonly co-located or co-managed with other health care facilities. Indeed, as Table 5.7 shows, only 13 per cent of publicly owned facilities are neither co-located nor co-managed and most (63%) are both co-located and co-managed. In most facilities where there is co-location or co-management, there is some sharing of staff between facilities. Indeed, 81 per cent of facilities with such arrangements reported that at least some direct care staff worked in both facilities.

Table 5.7: Patterns Of Co-Location Of Aged Care Facilities With Other Health Care Facilities Amongst Publicly Owned Facilities (Per Cent)

Co-location arrangement	Proportion of public facilities
Co-located only	5.4
Co-managed only	19.2
Both co-located & co-managed	62.9
Neither co-located nor co-managed	12.6

5.3 Ethnic Specialisation

Some aged care facilities aim to cater for specific ethnic or cultural groups. In our sample, 10 per cent of facilities indicated that they did this. Amongst these facilities, the vast majority (90%) indicated that they employed staff with particular language or other cultural knowledge relevant to their residents. Table 5.8 shows the most common ethnic and cultural groups catered for by aged care facilities. A quarter of facilities that have such specialization cater to Italians, while just over 10 per cent cater to each of Chinese, Aborigines, and Greeks.

Table 5.8: Proportion Of Facilities Catering For Specific Ethnic Or Cultural Groups That Specialising In Specific Groups

Ethnic Group	Proportion
Italian	25
Aboriginal	12
Chinese	12
Greek	11
Dutch	8
Polish	6

Ethnic concentration of PCs partly reflects these patterns. About 10 per cent of facilities reported that more than 30 per cent of their current PC employees were from a single ethnic or cultural group. Just under half of these facilities (47%) also indicated that they catered to particular ethnic or cultural groups, while the other half did not claim such specialization. Thus, ethnic concentration of PCs in facilities seems likely to be partly due to attempts to cater to particular groups, and partly due to other factors known to produce ethnic segmentation in labour markets (such as the importance of ethnic networks and discrimination). Table 5.9 shows that the ethnic origins of PC employees in facilities with ethnic concentrations only partly reflect the specialisations indicated in Table 5.9. While the concentration of Italian and Chinese PCs, for

example, is likely to be in facilities specialising in these groups, other labour market factors produce the reported concentrations of PCs with Philippino and Fijian backgrounds.

Table 5.9: Ethnic Origin Of PCs In Facilities With More Than 30% Of PCs From A Single Group

Ethnic Group	Per cent of facilities
Italian	12
Philippino	12
Chinese	10
Asian	9
Greek	5
Dutch	5
Fijian	5

We note that the employees themselves report that about 10 per cent of PCs use their skills in a language other than English in their work.

5.4 Vacancies

Facilities were asked about the number of equivalent full time vacancies for staff of various classifications. The results are set out in Table 5.10. They suggest that aged care facilities are generally not facing large difficulties in recruitment, with three quarters reporting no more than one EFT vacancy amongst all direct care occupations at the time of the survey. Given that PCs are the most numerous direct care workers in facilities, it is notable that over three quarters of facilities had no vacancies for them, and only 8% had two or more vacancies. Recruitment of Registered Nurses may be proving somewhat more difficult than recruitment of other direct care staff, as indicated by the lower proportion of facilities with no vacancies for this category of staff compared to equivalent figures for Enrolled Nurses and Allied Health staff.

Table 5.10: Proportion of Aged Care Facilities With Varying Number of EFT Vacancies, By Occupation (per cent)

Number of EFT vacancies	RN	EN	PCs	Allied Health	All direct care occupations
None	74.3	89.2	76.7	93.7	62.6
1 or less	15.8	6.3	9.2	4.6	13.3
More than 1 to 2	5.8	2.2	6.1	1.0	7.7
More than 2	4.1	2.2	7.9	.7	16.4

6. CONCLUSION

Our three-pronged survey of the aged care facilities and workforce has provided a great deal of new, robust information about the sector and its direct care workers. From this we can draw some quite strong conclusions about the nature of the workforce and the ease or difficulty of recruiting and retaining a suitable set of workers.

We provide, for the first time, a firm estimate of the number of direct care workers employed in aged care facilities, and the number of agency workers. In total, in 2003, there were 116,000 direct care employees, of whom 25,000 were Registered Nurses, 15,000 were Enrolled Nurses, 67,000 were Personal Carers and 9,000 were Allied Health workers (mainly diversional and recreational officers).

The existing sources of information that match these numbers most closely are the ABS Community Services Survey and Employment and Earnings survey. Neither is able to give data on exactly the group in which we are interested (direct care workers in residential aged care facilities), but each gives quite a close approximation. Neither is able to provide the wealth of information on these workers that is available from our survey.

There are few signs that this is a labour market in crisis, or even under serious stress. We support this view with a number of observations that are based on the data contained in this report.

- The overall proportion of facilities with no vacancies, and the equivalent figures for each major occupation, are not high, although there is clearly some difficulty in recruiting Registered Nurses.
- Only a small fraction of shifts are worked by Agency staff, which suggests that temporary staff are used to cover the usual fluctuations in the workplace, rather than to cover for an inability to recruit regular staff.
- Staff are overwhelmingly recruited through the standard mechanisms of personal networks and newspaper advertisements. This suggests that facilities have not needed to

be very innovative in developing recruitment strategies that would expand the pool of applicants for their jobs.

- Overall the staff seem to be well qualified for their duties. Only 12 per cent of direct care staff have no post-school qualification. Such a qualification is a requirement, of course, for nurses. But 80% of PCs also have formal aged care qualifications and many are currently studying (including studying nursing qualifications: facilities report that about 13 per cent of PCs who leave do so to become nurses).
- The workforce has a high level of confidence in its skills and believes that it uses these skills effectively in doing the job.
- Staff express quite high levels of job satisfaction (especially PCs and Allied Health workers). They are strongly motivated by the intrinsic satisfaction of providing good care to the elderly who cannot look after themselves. They also generally like the people with whom they work and feel secure in their jobs. They are reasonably content with the hours that they work. Where they are not, they are more likely to want more rather than less time on the job.
- Three quarters of the staff expect to still be working in aged care in three years time.
- There is clear scope for increasing the total hours of work provided by the aged care workforce by offering to employ existing workers for longer hours. The workplace is most unusual in the very high proportion who work short hours, the low proportion who work on a permanent full-time basis and the high proportion who have a second job. These are signals that the existing workforce is under-employed and provide a ready option by which employers can expand their employed hours and improve the conditions of employment to make staff more keen to stay in the industry.

The major discontent of the staff is with their pay. Should the issue of pay get to the point where it is a real impediment to the recruitment and retention of adequately qualified staff, then there is a straight-forward remedy. It may be costly to pay staff more, and there would be debate about who should pay. But it is not difficult to implement and it can be done quickly. An increase in pay to attract and retain more workers is a normal labour market adjustment mechanism, and cannot be seen as a symptom of crisis (provided the required increase is moderate).

There are *some* indications of stress in the aged care labour market.

Facilities report relatively high vacancy levels for Registered Nurses. This supports other evidence that the employment of a contented and sufficient set of Registered Nurses is the biggest workforce issue facing the aged care facilities. One piece of evidence is that nurses (especially Registered Nurses) are substantially older than the typical female worker. At first sight this suggests that high rates of retirement are likely to be a particular problem confronting the industry in the near future. This may not, however, be the case. It may be that nurses typically work in other areas of nursing while they are younger, then switch to aged care as they get older. If this is so, then a steady supply of nurses from the currently younger cohorts can be expected to be available to replace the current crop of older nurses as they approach retirement age.

On many indicators, nurses are less content with their jobs in aged care than are PCs and Allied Health workers. They are less enthusiastic overall about their job than the other two occupations. They are also a little more likely to say that they do not expect to be in their current job in three years time (though no more likely to expect to be out of the paid labour force). Forty per cent of nurses say they spend less than a third of their time in providing direct care to residents, and they are the most likely to resist the amount of paper work that they have to do. There is an opportunity for facilities to look closely at the way in which nurses' time is used, especially in the light of the importance to staff of their having sufficient time to provide good care in the sense of satisfaction that they get from their work. There is an opportunity also to develop further the pathway from working as a PC to working as a nurse—a pathway already trodden by a number of aged care staff.

There are quite high levels of turnover of direct care staff, especially PCs. It is not clear from our data whether this is initiated by the employer or the worker. But a quarter of PCs had been in their current job for less than a year, which is relatively high for the Australian female workforce. The relatively high proportion who are employed as casuals may be either a symptom or a cause of this high turnover.

It is clear that the PC workforce has less favourable terms of employment than the nurses and Allied Health workers. They are much more likely than the other groups to be employed on casual terms and to work a shift pattern that they dislike. They are also more likely to have limited autonomy in how they do their job and to be dissatisfied with their pay. If they become hard to recruit, then there are obvious remedies available to employers in terms of improved job security, shift patterns and hours of work, pay and time to provide quality care. Because there is not a long training period required in order to be eligible to perform PC work, it is likely that the supply of workers for these jobs will be quite responsive to modest changes in the relative attractiveness of the pay and conditions.

APPENDIX 1

A1: Sample reliability and estimation of total employment in aged care facilities

This appendix explains our assessment of the reliability of our facilities survey and the procedure we used to estimate total employment in Australian aged care facilities (Tables 4.1 and 4.2).

Survey reliability

As described elsewhere in this report, our survey of aged care facilities involved the attempt to conduct a census of such facilities. The survey achieved an overall response rate of 62.5%. While this is a good response rate for a survey of this kind, a key questions remains of what bias might be introduced by non-response. To assess this issue, we have compared the distribution of facilities in our survey with published distributions on two key indicators: ownership type and facility size (measured by total number of beds). Table A1 shows the distribution of beds by ownership type calculated from our survey and equivalent figures published in the 2003 *Report on Government Services Provision* which were supplied by the Department of Health and Ageing. The distributions are reassuringly similar. It does appear that our sample may somewhat over-represent not-for-profit facilities and under-represent the for-profit and public facilities, but these differences are very small.

Table A1: Distribution Of Beds By Ownership Type

Ownership	Facilities survey (per cent of beds)	June 2002 (per cent of beds)
Not-for-profit	67.4	63.3
For-profit	25.7	27.4
Public	7.0	9.3

Source for June 2002 figures: Steering Committee for the Review of Commonwealth/State Service Provision, *Report on Government Services Provision*, Productivity Commission, Canberra, 2003, Table 12A.4.

Table 5.1 in the body of our report provides a comparison of the size distribution of facilities in our sample with published distributions for June 2002 and June 2001. This comparison suggests our sample may slightly over-represent larger facilities and under-represent smaller ones. However, this bias is quite small, and its extent is probably less than a simple comparison of

June 2002 figures with our sample would suggest, since there is clearly ongoing increase in the average size of facilities and our survey was undertaken more than a year after June 2002.

Overall, these comparisons indicate that our sample provides a very strong basis for understanding the characteristics of Australian aged care facilities and the aged care workforce. We interpret results from our surveys in the light of the above comparisons where appropriate.

Estimating total employment in aged care facilities

The basis for our estimates of total employment was the attempt to conduct a census of Australian aged care facilities. As described above, we achieved a response rate of about 62.5% in this survey. The survey asked facilities to provide the number of staff they employed (defined as those for whom they paid PAYE tax) in each classification of direct care workers and the equivalent full-time employment (EFT) in each classification. Almost all facilities that returned survey forms provided useable data on numbers employed, but many did not supply EFT data. The result was that the effective response rate for the former questions was 61.2%, while that for questions about EFT ranged from 35.7% to 37.9%.

To estimate total employment and total EFT in a classification, we summed the numbers of staff listed by facilities that completed the relevant questions and divided by the relevant effective response rate. This procedure will produce extremely accurate figures if non-response is random. As indicated above, we assessed the representativeness of respondents to our survey by comparing various features of the aged care facility industry derived from our survey with those known from other sources. The results suggested that our sample may slightly over-represent larger facilities. Clearly, this will slightly inflate estimates of the overall size of the aged care workforce. However, because the response rate is high, and because we cannot be sure of the actual distribution of aged care facilities by size at the time of our survey, we have not adjusted the figures in Table 4.1 for this likely effect. Overall, we are confident that it will be very small.

A comparison of facilities in our survey that did and did not provide valid EFT data indicated that facilities providing EFT data were, on average, slightly larger than those not providing this

data (53.2 compared to 57.2 average total beds) and had slightly more high care beds (31.2 compared to 25.1 average high care beds). The effect of this bias is likely to be to slightly inflate estimates of total EFT employment since larger facilities with more high care beds will employ more staff. Again, we are uncertain about the exact extent of this bias, and have therefore not attempted to adjust for it.