

Attraction, Retention and Utilisation of the Aged Care Workforce

**Working paper prepared for the
Aged Care Workforce Strategy Taskforce**

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1. Introduction – workforce challenges in a rapidly expanding sector

The aged care workforce is currently facing a number of challenges as the aged care industry grows to meet increasing and diverse demands for services. Three challenges underpin the shifts under way affecting the workforce.

Firstly, the consumer base requiring aged care services is undergoing change. The number of older people needing care is predicted to rise considerably over coming decades and as a consequence the aged care workforce will need to expand to meet these care needs (Productivity Commission 2013). It has been estimated that the aged care sector will need to employ almost one million workers by 2050 (Productivity Commission 2011).

The older population is also becoming more heterogeneous in terms of their health and disability status, cultural background and sexual orientation. This is leading to a greater diversity of aged care service needs and the requirement of workers with appropriate skillsets to respond to these needs (Senate Community Affairs References Committee 2017).

Secondly, competition with other care sectors for skilled workers is likely to grow in the future. Competition is expected to be greatest between the aged care and disability sectors. Both sectors require an expansion in their respective workforces, and the roll-out of the National Disability Insurance Scheme (NDIS) is already increasing the demand for workers with similar qualifications and skill to those required in aged care (Mavromaras, Moskos and Mahuteau 2017; Tune 2017).

Thirdly, the aged care reforms which have been shaping the provision of care within the sector are also leading to changes for the workforce. In particular within the community sector, the adoption of a model of consumer directed care means that clients now have greater choice and control over their supports, how these are provided and by whom (Mavromaras, Knight, Isherwood et al. 2017; Senate Community Affairs References Committee 2017). This is likely to have flow-on implications for the workforce in terms of the nature of aged care work itself, the types and levels of skills required in the sector, and also the working arrangements and conditions provided to employees.

The 2016 National Aged Care Workforce Census and Survey (NACWCS) indicated, however, that the sector is currently experiencing some workforce pressures (Mavromaras, Knight, Isherwood et al. 2017). The total aged care workforce in 2016 was estimated to comprise around 366,000 employees (with just over 240,000 employed in direct care roles); this represents a four per cent growth in the total workforce since 2012. Tune (2017, p 175) advises that this level of growth is insufficient and that “the workforce will need to grow at around three times its current growth rate” if it is to meet projected targets.

Moreover, while the incidence of skill shortages was shown to have declined since 2012, around two-thirds of residential and half of all community¹ aged care organisations were experiencing skill shortages of direct care staff (particularly for registered nurses (RNs) within residential settings and care workers in community aged care). A lack of suitable applicants, the geographical location of the organisation, slow recruitment, and a need for specialist knowledge were considered to be contributing to skill shortages within the sector.

¹ The differentiation of these aged care sectors has been described differently over time in the NACWCS reports. The 2012 NACWCS report used the terms ‘residential’ and ‘community’, while the 2016 NACWCS report used the terms ‘residential’ and ‘home care and home support’. For brevity, this report uses the terms ‘residential’ and ‘community’.

A further pressure facing the aged care sector is the relatively advanced age of its workforce. While the median age of the residential workforce had decreased since 2012 (from 48 years to 46 years in 2016), the community workforce has continued to age (from 50 years to 52 years). These differences are reflected in the age distributions of the residential and community workforces (see respectively Tables 3.5 and 5.5, Mavromaras et al. 2017). The residential workforce has seen an increase in the proportion of younger aged workers (aged 16 to 34) increase from 19 per cent to 23 per cent of the workforce. This change is reflected in the increase in younger aged new hires from 36 per cent to 46 per cent. At the same time the residential workforce proportion of mature aged workers (55 years of age and older) has remained unchanged at 27 per cent, with a modest decrease in the corresponding new hires from 15 per cent in 2012 to 13 per cent in 2016. In contrast, the community workforce saw a very modest increase in the proportion of younger aged workers (from 10.7 per cent in 2012 to 11.5 per cent in 2016), with an unchanged proportion in the corresponding new hires at 23 per cent. At the same time the community workforce proportion of mature aged workers (55 years of age and older) increased from 33 to 39 per cent, with a similar increase in the corresponding new hires from 17 per cent in 2012 to 23 per cent in 2016.

These numbers indicate that residential aged care manages to attract a younger cohort of new workers: younger workers accounted for almost half (46 per cent) of all new hires in 2016, against a much lower 24 per cent in the community workforce, which continues to get older. There are some notable implications of these findings. Clearly, the demographics of the residential care workforce are getting better, with a lower risk of losing workers and their valuable experience and training due to retirement. Employers can feel more confident in investing in training their younger new hires in the residential sector. The number of residential care workdays lost due to health related absences, including work-caused injuries will be getting smaller. These are clear improvements and good news for residential care employers, but not for community care employers where the age composition is not getting younger. However, the improvements for residential care may not come without a price. The younger cohort is more likely to want to work part time in the longer run and more likely to present higher demands for improved pay than their older counterparts who have settled for lower wages. Also, the younger care workers may be more mobile, as they may be more likely to discover alternative employment and move to another sector. The precedent of qualified mainstream nurses working in non-nursing jobs is one that the sector should bear in mind. Without closer and deeper monitoring of the way the age composition develops it will not be straightforward to build a clear picture of the net employment impact on the sector of the observed changes in the age composition of its workforces.

In order to address its current workforce pressures and future challenges, the demographics would suggest that the aged care sector will need to attract greater numbers of new and younger workers. However, economic considerations would suggest that some of the emphasis of workforce planning would also need to be placed on how to retain workers better, especially those with the necessary skills, and how to train and utilise them productively in the workplace. An important economic consideration in the context of the preferred age composition of the workforce would be labour supply differences of the different age and gender cohorts. For example, the degree of willingness to sacrifice higher wages for flexible working conditions, a preference of part time work over full time work and other relevant factors must be kept in mind.

It is therefore important to understand the issues influencing the attraction, retention and utilisation of the aged care workforce. Using qualitative and quantitative data from the 2012 and 2016 NACWCS, this report provides evidence on the pathways into aged care and the factors which facilitate and hinder worker attraction into the sector. Furthermore we explore the contributors which impact both positively and negatively on the retention of aged care workers as well as the presence and impact of skill shortages within the sector.

Finally, the report integrates the evidence relating to attraction, retention and skill shortages, and provides recommendations of the steps the sector could take to achieve a skilled and sustainable aged care workforce which is able meet the care needs of older Australians both now and into the future.

2. Methodology

This report uses quantitative and qualitative data drawn from the 2012 and 2016 NACWCS in order to explore issues relating to the attraction, retention and utilisation of the aged care workforce.

2.1 Quantitative data

The NACWCS comprises two quantitative components – a census of aged care organisations and a survey of direct care workers. Both the census and survey are conducted across residential and community aged care settings. In 2012 the census was completed by 2,481 residential and 1,357 community aged care organisations and the worker survey received valid responses from 8,568 residential and 5,214 community direct care workers (King et al. 2013). In 2016 the census was completed by 2,240 residential and 2,307 community aged care organisations and the worker survey received responses from 8,885 residential and 7,024 community direct care workers (Mavromaras et al. 2017).

2.2 Qualitative data – in-depth interviews with direct care workers

The qualitative component of the NACWCS comprises in-depth interviews with direct care workers employed in residential and community aged care with a different focus in each data collection. In 2012, interviews were conducted with 101 aged care workers with an oversampling of male and culturally and linguistically diverse (CALD) workers of overseas origin. The total sample included 33 men, 49 CALD workers and 19 general workers; of these 101 interviews 19 were nurses, 56 were care workers, 23 were allied health staff and a further 3 were employed in other aged care roles. For the 2016 NACWCS, 100 interviews were undertaken with a particular focus on the experiences of mature aged workers (aged 55 years and older) and newly hired workers (defined as workers who had worked in aged care for one year or less). The total sample included 40 mature aged workers, 30 new hire workers and 30 general workers, and was split between 43 nurses and 57 care workers.

2.3 Use of Attraction, Retention and Utilisation (ARU) model of workforce planning

This report applies the overarching Attraction, Retention and Utilisation (ARU) model of workforce planning to the study of the aged care sector.² Issues relating to the attraction and retention of the aged care workforce are examined primarily using the qualitative interview data from the 2012 and 2016 NACWCS collections and, where available, information from the 2016 NACWCS workers survey.

The analysis of this data provides strong insights on the pathways into aged care and the reasons why workers choose employment both in the sector and why they opt to work within particular aged care organisations. Information was also gathered on the future work intentions of the current aged care workforce and the factors which encourage and discourage their retention in the sector. The experiences of specific cohorts of aged care workers (nurses and care workers, residential and community workers, new hire workers, mature aged workers, male workers and CALD workers) are examined and the key factors affecting attraction and retention in the aged care workforce identified.

² Attraction, retention and utilisation are inter-related workforce issues under the broader model of labour mismatch. The general concept of skills and qualifications mismatch is explained by the authors in CEDEFOP (2010) and its specific application to the aged care sector in sections 5 and 6 below.

2.4 Skills utilisation

Regarding the utilisation of skills in the sector, the most critical aspect in the current circumstances is the policy debate about skill shortages in this rapidly expanding sector. This report explores the views of employers about the presence and impact of skill shortages within the aged care sector. Within the context of the widely reported and largely accepted presence of skill shortages in the aged care sector, the report examines the evidence contained in the last two 2012 and 2016 NACWCS census and surveys and explores the widely predicted and anticipated prospect of these shortages intensifying in the near future, following the growth of demand for services in the sector. The findings of this section are based primarily on cross-tabulations from the 2012 and 2016 NACWCS census and surveys, several comparisons, and existing ongoing research on this topic by the authors.

Due to the tight time constraints of this project we were unable to use the necessary more complex multivariate regression analytical tools, hence the capacity of the data remains underutilised. We highlight the potential future use for specific questions of interest on workforce issues where appropriate.

3. Attraction into the aged care workforce

In order to improve attraction into the aged care workforce it is important to understand who comes into the sector, where they come from and why.

The NACWCS provides considerable quantitative and qualitative evidence on pathways into, and within, the sector. The worker survey examines the previous employment histories of direct care workers as well as the reasons for movement within the sector. The qualitative interviews provide further valuable detail on pathways into the sector; they also explore the reasons why workers choose a career in aged care and the reasons why workers choose to work for a particular aged care organisation. In addition, the interviews conducted within the 2016 NACWCS also examine the factors which may discourage the attraction of new workers into the sector.

The analyses of attraction and pathways into and within aged care detailed in this report explore the perspectives of specific cohorts of aged care workers to reveal similarities and differences of experiences and perceptions. These cohorts include workers from different occupational groups (nurses and care workers) and aged care settings (residential and community), newly hired workers, mature aged workers, men and CALD workers of overseas origin.

For the first two sub-groups (nurses and care workers, and residential and community workers) quantitative evidence from the 2016 NACWCS report is presented to provide a nationally representative picture of attraction into the aged care workforce. Additional, more detailed evidence for these groups is then drawn from an analysis of the qualitative interviews conducted as part of the 2016 NACWCS. As the 2016 NACWCS report did not present specific survey findings on the attraction of new hire, mature aged, male and CALD workers, the information about the pathways into aged care for these workers was drawn from the 2012 and 2016 qualitative interviews.

3.1 Nurses and care workers

3.1.1 Pathways into aged care

The 2016 NACWCS worker survey showed that nurses and care workers have very different pathways into the aged care sector (see Tables 3.25 and 5.25; Mavromaras et al. 2017). While only a minority of workers reported that aged care work was their first paid job, this was more common amongst care workers (7–14 per cent) than nurses (5–9 per cent). Nurses, and especially registered nurses (RNs), had clearer pathways into aged care; indeed 71 per cent of RNs in community and 63 per cent in residential aged care had previously worked in a different health or social care setting. In comparison, only 14–16 per cent of care workers had come into aged care from another care sector. For care workers, their previous employment experiences had been more diverse and included roles in hospitality, cleaning, sales, and administration.

The qualitative interviews conducted for the 2016 NACWCS confirmed the differing pathways into the sector for nurses and care workers.

3.1.1.1 Nurses – from other sectors of nursing

Almost three quarters of the nurses interviewed had entered aged care work following employment in other sectors of nursing (predominantly in acute hospital settings); RNs in particular reported strong pathways from hospital nursing into aged care. Consequently aged care was a first career option for only around a quarter of the nurses interviewed who were currently working in the sector.

3.1.1.2 Care workers – from non-aged care employment and non-care roles

In contrast varied career pathways into aged care were found in the interviews for care workers in both residential and community settings. Almost two-thirds of care worker respondents had entered the sector from non-aged care related employment, including hospitality, retail, cleaning and also professional roles such as teaching. A further quarter of the care workers interviewed reported that they had previously worked in non-care roles in aged care as kitchen assistants, cleaners and volunteers. This exposure to the sector had developed their interest in aged care and encouraged them to subsequently seek employment in a direct care role. As was found for the nurses in our sample, aged care was a first career for only a minority of care workers. This latter group included those for whom aged care work was their first experience of employment and students (particularly those studying for a nursing qualification) who had sought care work in order to provide them with relevant experience for their future career.

3.1.2 Reasons for choosing aged care – differences between nurses and care workers

Some differences were also found in the qualitative interviews as to the reasons why nurses and care workers had decided to join the aged care workforce.

Around two thirds of the nurses and care workers interviewed reported that they had actively chosen to work in aged care; for both groups this was primarily due to an interest in working with older people. In addition, nursing staff also described further aspects of aged care work that had prompted them to enter the sector. This included having a particular interest in dementia and palliative care work and a perception that the sector offered challenging and diverse work. Care workers, in contrast, were more likely to describe aged care work as a stepping stone for a future career in nursing or that personal experience of caring for an elderly relative had led to them seeking employment in the field.

Further reasons provided by nurses for entering the aged care workforce included the availability of employment and the convenience of work in the sector. Several nurses reported that they initially been drawn to aged care following difficulties securing work in other areas of nursing either due to a lack of available hospital nursing roles or through living in a regional area with limited employment options. For nurses choosing to work in the sector for reasons of convenience, this primarily centred on perceptions that the hours and shift patterns offered within aged care complemented their family responsibilities.

Fewer care workers nominated that convenience or job availability were factors influencing their decision to pursue a career in aged care. Instead, care workers were more likely to report that they had almost serendipitously fallen into aged care work. For some, opportunities to undertake vocational aged care training had been offered to them, while others had had a placement in an aged care organisation as part of a training course and as result of a positive experience had subsequently decided to seek employment in the sector.

3.1.3 Reasons for choosing current employer – personal circumstances matter

The quantitative and qualitative evidence from the NACWCS examined slightly different aspects of pathways within the sector. While the worker survey explored the main reasons why workers had left their previous aged care job, the qualitative interviews examined the reasons why workers had chosen employment with their current aged care organisation.

Evidence from the worker survey showed, for both nurses and care workers, that employees choose to leave an aged care employer due to three main reasons – personal circumstances, working conditions and aspects of the work itself (see Tables 3.30 and 5.30; Mavromaras et al. 2017). However, some occupational differences were also found.

The personal circumstances of care workers (34 per cent in community and 45 per cent in residential settings) and working conditions (24 and 25 per cent respectively) most influenced the decision of care workers to change employer.

In contrast, for RNs in community and residential settings, while personal reasons had most commonly led to the leaving of an employer (33 per cent and 26 per cent respectively), aspects of the work itself (29 per cent and 24 per cent respectively) – and most predominantly a desire for more challenging work – were almost an equally important contributor.

The qualitative interviews showed that employment with their current aged care organisation had not been an active choice for a majority of nurses and care workers; rather the most popular reason for joining an aged care organisation was that a position was available when employment was being sought. However, around a third of nurses (especially RNs) and care workers reported having actively chosen their employer due to the organisation having a good reputation within the sector and/or offering beneficial working conditions. A further fifth of nurses and care workers described having a contact within the aged care organisation which had assisted them in securing employment. In addition, some RNs also reported being head-hunted for their current role. Other important factors influencing the choice of an aged care employer were, for nurses, the location of the workplace and, for care workers, being offered employment following a vocational placement.

3.2 Residential and community workers

3.2.1 Pathways into aged care

Evidence from the 2016 NACWCS worker survey highlighted differences between pathways into aged care for residential and community workers (see Tables 3.25 and 5.25; Mavromaras et al. 2017). Residential aged care was found to attract a slightly greater proportion of workers with no previous paid employment (8 per cent of RNs and 14 per cent of care workers) compared to community aged care (5 per cent of RNs and 7 per cent of care workers). Moreover, workers entering community aged care (and particularly RNs) were more likely to have experienced working in a health and social care setting (71 per cent of RNs and 16 per cent of care workers) compared to those in residential settings (63 per cent and 14 per cent respectively).

The qualitative interviews conducted for the 2016 NACWCS also found differences according to workplace setting as to the proportion of workers entering the sector as a first career option; within our interview sample, a much higher proportion of workers with no previous work experience had been attracted to residential aged care than the community sector. Confirming the quantitative and qualitative analyses comparing the different occupational groups, a majority of the nurses interviewed from both the residential and community workforces came into aged care with previous nursing experience. Likewise most care workers (regardless of whether they had entered residential or community aged care) had come with employment experience from other industries.

3.2.2 Reasons for choosing aged care – active decisions and pragmatic choices

When asked in the qualitative interviews about their reasons for choosing a career in aged care, around two-thirds of workers from both residential and community settings stated that aspects of the work itself had attracted them. Most workers regardless of setting, therefore, described making an active decision to enter aged care; they considered it to be rewarding work and many had had a clear wish to work with older people.

In contrast, an additional fifth of community and residential workers reported making a pragmatic choice to come into aged care due to the availability of work in the sector. Some differences were observed between the further factors which attracted workers into the sector. In comparison to employees in residential settings, community workers were more likely to report choosing aged care due to the convenience of the work,

particularly for the flexible working conditions often available within the sector to enable working hours to fit around family commitments. Staff in community settings were also more likely to say that they had not made a conscious decision to enter the sector but had instead ‘fallen into aged care’ through being presented with opportunities for training or work.

3.2.3 Reasons for choosing current employer – a variety of drivers

Evidence from the 2016 worker survey showed that, for RNs and care workers in residential settings, changing personal circumstances (26 and 45 per cent respectively) and working conditions (22 per cent and 25 per cent) were the main driver of decisions to leave an employer (see Tables 3.30 and 5.30; Mavromaras et al. 2017). While factors relating to personal circumstances (33 and 34 per cent) and working conditions (17 and 24 per cent) were also important for these workers in the community, aspects of the work itself (29 and 21 per cent) – such as a desire to find more challenging work – also contributed strongly to pathways within the aged care sector.

Likewise, considerable differences between the two groups were also found in the qualitative interviews as to the reasons why workers had chosen their current aged care employer. The community workers interviewed were twice as likely as their residential counterparts to report that they had made an active choice over their employer. For these workers, consideration had been made as to the reputation, values and working conditions within the organisation prior to applying for a position. In contrast, residential workers frequently reported that the availability of work (including constrained choice for those living in regional areas or for new graduates) and the location of the facility had most influenced their decision of employer.

3.3 New hire workers

3.3.1 Pathways into aged care

The qualitative interviews conducted for the 2016 NACWCS showed that new hire workers had had diverse career pathways into aged care. Most had entered the sector with substantial work histories and, therefore, aged care work was the first experience of paid employment for only a small minority of new hire workers.

Differences were found in the pathways into aged care for new hire nurses and care workers. As shown in the occupational comparisons above, most new hire nurses came into the sector with experience in other fields of nursing. The employment experience of new hire care workers was more variable and ranged from factory work and cleaning through to working in the corporate sector. Our sample also included a number of workers with previous employment in non-care roles in the aged care sector, particularly as kitchen assistants in residential facilities.

The incidence of multiple job holding was greater within the new hire sample (and especially among new hire workers in community aged care) than for other groups. Those reporting holding more than one job typically either combined direct care work with a different role for same organisation (e.g. in administration or as a kitchen assistant) or undertook care roles with different organisations in order to supplement their hours and income.

3.3.2 Reasons for choosing aged care – different motivations and varied interests

In the qualitative interviews, new hire workers reported several reasons for choosing to work in aged care. A common factor was the availability of work within the sector; some new hire workers had experienced difficulty in securing work in an alternative chosen field (e.g. within a hospital setting for nurses) and had been drawn to aged care for the employment opportunities the sector offered. Many new hire workers also described having a direct interest in aged care work. The reasons for this interest was varied and, for some,

had developed through their experience of caring for an elderly relative or having had employment in other care fields. Other workers described having had a desire to work with older people or perceived aged care work as a way to “give back” to society. Moreover, aged care was often seen by new hire workers (and especially those working in residential settings) as being a ‘stepping stone’ for future employment aspirations including careers within other healthcare fields such as nursing in a hospital setting.

Further reasons provided by new hire workers for their attraction to the aged care workforce included the good work-life balance the sector could offer (e.g. flexible hours and the ability to combine work and non-work responsibilities) and recommendations to work in the sector from colleagues and family members. While many of the new hire workers interviewed had themselves actively sought work in the aged care sector, concerns were raised that negative community perceptions of aged care work hampered greater worker attraction to the sector. In particular a lack of value placed on the work and the low pay associated with aged care work, alongside the poor reputation of some aged care workers and providers was seen as tainting the attractiveness of the whole sector.

3.3.3 Reasons for choosing current employer – from active choice to simple availability of work

The availability of work was the primary reason given by new hire workers in the qualitative interviews for their choice of aged care employer. Therefore, while many new hire workers had actively chosen a career in aged care, their choice of employer was less intentional. For other new hire workers, positive previous experiences with the organisation had encouraged them to apply for a position. This was particularly pertinent for care workers who had either previously completed a vocational placement or worked in a non-care role with their current employer. Other less commonly cited reasons for choice of aged care employer included the location of the organisation and perceptions that the provider offered a good working environment and a focus on quality care.

3.4 Mature aged workers

3.4.1 Pathways into aged care

The qualitative interviews showed that pathways into aged care differed for our sample of mature aged nurses and care workers. Many of the mature aged nurses interviewed had had previous experience in other fields of nursing but subsequently sought a career in aged care. Other nursing staff reported that they lived in a regional area with limited employment options and this had led to them finding work within the aged care sector. In contrast, mature aged care workers reported no direct pathways into aged care and came from a variety of prior roles.

The interviews with mature aged workers highlighted several concerns regarding attraction into the aged care workforce. Aged care was seen as having a poor reputation both within the general community and also in the broader health and social assistance field. These negative perceptions were consequently felt to hamper the ability of the sector to attract sufficient numbers of appropriately skilled new workers. Moreover, aged care was considered to rarely be a first choice for nursing graduates due to beliefs that the sector was lacking in clinical and technical expertise and opportunities for career advancement. Instead, when this cohort chose employment in aged care, they were seen as using this work to obtain skills and experience before moving on to work in an acute setting.

3.4.2 Reasons for choosing aged care – job availability and flexibility

Around half of the mature aged workers interviewed reported that job availability and opportunity was the primary reason they had entered aged care. For some of these workers, a lack of employment opportunities in other fields due to location or labour market conditions had been the key driver for moving into aged care work. Flexibility of working conditions had been a further important factor in the decision of mature aged workers to seek employment in the sector; aged care work was seen as being a good fit with their non-work responsibilities, such as caring for children or elderly parents. In addition to job availability and flexibility of work arrangements, many mature aged workers had elected to pursue an aged care career due to the work itself. Aged care work was perceived to be very rewarding and, through the provision of good care, could considerably enhance the quality of life of older people.

3.4.3 Reasons for choosing current employer – employment opportunities and personal contacts

When questioned in the qualitative interviews about the factors determining their choice of workplace, most mature aged workers indicated this had not been a deliberate decision. Rather their choice of where to work was primarily due to the availability of employment opportunities within an organisation. For some workers, having personal contacts within their current organisation had assisted them in gaining employment. A minority of mature aged workers indicated that they had actively chosen their place of work. For some, the location of the workplace was of primary importance; others had applied to work for their current employer because of a positive reputation within the sector, good workplace values and favourable working conditions (e.g. job security and diversity of work experience).

3.5 Male workers

3.5.1 Pathways into aged care

The qualitative evidence revealed that male pathways into aged care were more diverse than for female workers. Aged care was very rarely a first career option for the male workers interviewed with many having work histories within traditional male jobs. Their employment experience included holding jobs in IT, sales and the public service; as well as employment in factories, warehouses, the trades and construction. In addition, male workers were less likely than women to have had previous paid work in other health or care settings or personal experience in an informal caring role. Indeed only a quarter of male workers came into the aged care sector with previous experience of paid or unpaid care work.

3.5.2 Reasons for choosing aged care – opportunities recognised in the sector

Two primary patterns of male entry into the aged care workforce were identified in the qualitative interviews. Aged care was not found to be a directly chosen career option for many men who come to work in the sector. Indeed a majority of men reported that they had entered aged care only after failing to find employment in other preferred industries. For some of these men favourable labour market factors, such as the availability of work and perceptions of aged care as a growing field, had attracted them to the sector. Aged care was therefore seen as offering good employment prospects, particularly in contrast to opportunities for work in many traditional male industries such as manufacturing which have been in decline over recent years.

A further third of the male workers interviewed had made an active choice to work in the aged care sector due to either previous experience of care work (both paid and unpaid) or a desire to work with older people. A small minority of male workers had had a different pathway into aged care. This latter group were consciously using aged care as a temporary pathway into other employment such as working in hospital settings.

3.5.3 Reasons for choosing current employer – job availability and active decisions

Two main reasons were provided by male workers in the qualitative interviews as to their choice of aged care employer. Job availability had prompted over a third of the male workers interviewed to apply for work with their current organisation. Other male workers reported that they had actively chosen their employer. For many of these men, a personal recommendation or having a contact within the organisation had led them to seek employment; the characteristics of the organisation (for example, offering good working conditions, values and opportunities for skill development) were also important for some male workers. Other, less common, factors which influenced the choice of an aged care employer included the location of the workplace and being directly approached to join an organisation (typically through previous work experience as a student or agency worker).

3.6 CALD workers

3.6.1 Pathways into aged care

Amongst the CALD workers of overseas origin participating in qualitative interviews for the 2012 NACWCS, three distinct pathways into the aged care workforce were observed (King et al. 2013).

Around half of all the CALD workers interviewed had not had previous employment experience in a health or care setting but had chosen to enter aged care as a way of gaining valuable training and work experience in an Australian setting. For these workers, aged care work was seen as offering employment which could potentially lead to other work opportunities both within and outside the sector.

A second common pathway into aged care employment was followed by CALD workers who had previously worked in health and care roles within their home country and wanted to continue working in this area. Of these workers, two-thirds had chosen to pursue aged care work due to their professional qualifications not being recognised in Australia or because of restrictions imposed by their visa which limited the type of work they could undertake. As a consequence, despite some workers having professional experience in the healthcare field, these workers often had to accept (at least initially) employment in a care worker role.

A final pathway into the sector was followed by CALD workers looking for the convenience that an aged care position offered. For these workers, aged care was either seen as offering good balance with their other non-work responsibilities or, due to a lack of alternative jobs, provided readily available employment opportunities.

3.6.2 Reasons for choosing aged care – varied motivations

These pathways into the sector highlight that while CALD workers have diverse reasons for choosing to pursue aged care work, these are largely dependent upon their previous employment histories, qualifications and skill levels. Across these different pathways, however, nearly half of the workers interviewed reported that they had made an active decision to enter the sector due to a strong interest in working with older people. Further common reasons for choosing a career in aged care included the relative availability of work within the sector, a lack of employment opportunities in other industries, as a stepping stone to further employment, and for the flexibility aged care work offered.

3.6.3 Reasons for choosing current employer – from job opportunities to active choices

A majority of the CALD workers interviewed had had no previous direct experience of their current aged care employer and had instead chosen to work for that organisation due to either the availability of a job or the close location of the workplace to their home. In contrast, other CALD workers reported having made a conscious decision over their aged care employer. This was due to either their organisation offering multicultural aged care services and actively seeking to employ staff from a variety of CALD backgrounds, the positive reputation and values of the employer, or the opportunities offered for staff development and work experience. A minority of CALD workers reported that they had been directly approached by their current employer, often following a successful vocational placement.

4. Retention of the aged care workforce

The retention of the aged care workforce was a key component of both the quantitative and qualitative NACWCS data collections. The 2016 NACWCS worker survey collected information on future work plans and factors which contribute to job satisfaction. The qualitative interviews conducted for the 2012 and 2016 NACWCS provide further evidence of future work intentions and also the reasons why aged care workers may wish to leave their jobs either to move to another aged care provider or out of the sector altogether. Additionally, as part of the interviews conducted in 2016, direct care workers were asked about the aspects of their work which they liked best.

The qualitative interviews for both the 2012 and 2016 NACWCS explored the elements of aged care which workers found to be difficult or stressful. The interviews also captured perspectives on further issues which impact upon worker retention, including relationships with management, support within the workplace (both from supervisors and co-workers), occupational health and safety concerns, and opportunities for training.

For each of our specific subgroups we identify the key factors which influence job satisfaction and retention decisions. The analyses exploring worker retention within different occupational groups and aged care settings utilise data from the 2016 NACWCS from both the worker survey and the qualitative interviews. As the 2016 NACWCS report did not present specific survey findings relating to the retention of new hire, mature aged, male and CALD workers, the findings outlined for these groups uses data drawn solely from the qualitative interviews.

4.1 Nurses and care workers

4.1.1 Future work plans – intention to stay or leave

The 2016 NACWCS worker survey provided evidence of similarities in the future work plans of nurses and care workers. A similar proportion across both occupational groups (around 10 per cent) reported that they were currently seeking alternative work (see Tables 3.32 and 5.32; Mavromaras et al. 2017). Likewise, intentions to continue working in the aged care sector within the next 12 months were very similar for both nurses and care workers (around 85 per cent) (see Tables 3.33 and 5.33; Mavromaras et al. 2017).

These findings were supported by the qualitative evidence. A majority of the nurses and care workers interviewed for the 2016 NACWCS planned to remain working within the aged care sector for at least the next three to five years. Around two-thirds of these workers wanted to continue working in the same role with their current organisation. Hence, many of the nurses and care workers we interviewed were satisfied with their current work situation, including the tasks they performed and their relationships with their employer and co-workers. Despite wishing to remain in the same role and workplace, however, some workers were seeking to further develop their knowledge and skills.

A second group of workers (and particularly care workers) aimed to enhance their career prospects and take on new roles within the aged care sector. Some care workers were planning to move into nursing roles in the future; while others were seeking opportunities for supervisory or managerial positions in the sector. In addition a small minority of nurses and care workers were planning to remain in their current role but were seeking employment with a new provider organisation. This was mostly due to a desire to improve their working conditions or find employment closer to home.

Around a quarter of the care workers and a third of the nurses in our sample were planning on leaving the aged care sector within the next five years. The reasons provided for exiting the sector differed according to occupational role. For the nurses interviewed, plans for retirement were the primary reason for leaving aged care. In contrast, only half of the care workers wanting to leave the sector attributed this decision to

retirement. The remaining care workers were hoping to either pursue or complete their RN training and subsequently move into other areas of nursing.

4.1.2 Factors influencing job satisfaction – quantitative findings

The 2016 NACWCS worker survey examined a wide range of factors which contribute to job satisfaction (see Tables 3.34, 3.35, 5.33 and 5.34; Mavromaras et al. 2017). The quantitative evidence indicated that nurses and care workers report similarly high levels of overall job satisfaction. While few differences were observed across the various measures of job satisfaction, nurses were more likely than care workers to state that they had autonomy in their work, but also that they experienced pressure and stress in their work. Although both occupational groups were most dissatisfied with their total pay, this was a particularly pertinent issue for care workers. Both nurses and care workers (and especially those in residential settings) also reported fairly low levels of satisfaction with the time they had with care recipients.

4.1.3 Factors influencing job satisfaction – qualitative findings

Many similarities were also found in the qualitative interviews with regard to the factors which contributed to the job satisfaction of nurses and care workers.

4.1.3.1 Rewards of the work

For both occupational groups, working with clients was the most satisfying aspect of their work. Interactions and the relationships developed with clients were highly valued with many workers speaking warmly of the older people that they worked with. Aged care work itself was described by many workers (and especially nurses) as contributing strongly to job satisfaction. The work was seen as being very rewarding and as making a difference to the lives of older people. RNs in particular also valued having autonomy and diversity in their work. Opportunities to use their clinical expertise for independent decision-making regarding client care, and have challenging work were also appreciated.

4.1.3.2 Working in teams

Around a quarter of nurses and care workers alike reported that good relationships with their co-workers also contributed to their job satisfaction. Being part of a team with friendly staff who worked together to provide quality care was considered to be an important aspect of aged care work. In contrast, only a small minority of nurses and care workers reported that their work environment and relationships with managers contributed to their job satisfaction.

4.1.3.3 High workloads and time pressures

For both nurses and care workers, high workloads and time pressures were the most commonly reported sources of job dissatisfaction. Across both occupational groups, inadequate staffing for the number of clients and residents, the complex care needs of the people they supported and a lack of adequate time allocated to tasks contributed to excessive workloads. In addition, nurses and care workers in the community reported that travelling time between appointments contributed to time pressure in their work. Consequently workers described being unable to spend adequate time with their clients, doing additional unpaid hours, being unable to take breaks or leave, and occupational health and safety protocols not being followed due to time constraints. For RNs the assumption of multiple roles and responsibilities as well as high levels of administration and paperwork were additional sources of workload stress.

4.1.3.4 *Workplace culture and environment*

Issues relating to working with clients and their families was the next most common area of job dissatisfaction for both nurses and care workers. The physical demands of direct care work and the risk of work-related injury and illness were described by both occupational groups as a key challenge in the sector. Furthermore, responding to clients with complex care needs and challenging behaviours (e.g. due to dementia and acute illness) was identified as a further area of work stress for both groups. The emotional toil of witnessing clients go through illness and death was reported as being stressful, particularly by care workers. The nurses interviewed reported additional difficulties working with some families who were perceived to have unrealistic expectations of workers or interfered inappropriately in the care provided to their relative.

Staffing within aged care was a further common area of concern reported by both nurses and care workers. Insufficient numbers of staff to complete necessary care tasks were reported and the negative impacts this had on care provision were described. Nurses, and especially care workers, also raised concerns about relationships with co-workers. Examples of colleagues who lacked requisite skills and experience, were unsuited to aged care work, and acted in a disrespectful manner were provided. Several of the RNs interviewed also questioned the skill mix of staff in their organisation. In particular, concerns were expressed of an ongoing reduction in the employment of nurses within the sector and that care workers were subsequently having to take on additional responsibilities without having the appropriate clinical knowledge.

4.1.3.5 *Working conditions - pay remains a dominant concern*

Nurses and care workers alike expressed dissatisfaction with the rates of pay available within the aged care sector. While nursing staff reported that their pay was less than that earned by nurses within comparable health and care settings, care workers felt that their salary did not adequately reflect the level of responsibility required in their work.

Other aspects of working conditions within the sector were identified as being a further key source of job dissatisfaction and stress for many of the care workers interviewed. In particular, concerns were raised regarding irregular and split shift patterns, insufficient and variable working hours, and casual employment contracts. Care workers (to a greater degree than nurses) also expressed dissatisfaction with their managers, complaining of incidences of insufficient support, inappropriate decision-making and poor channels of communication.

4.2 Residential and community workers

4.2.1 Future work plans – intention to stay or leave

The 2016 NACWCS worker survey showed that around a tenth of workers in both the residential and community aged care workforces were actively seeking alternative employment (see Tables 3.32 and 5.32; Mavromaras et al. 2017). No differences were found in the future work plans of residential and community workers; about 80 per cent stated that over the next 12 months they planned to continue working in the aged care sector with their current employer (see Tables 3.33 and 5.33; Mavromaras et al. 2017).

These findings were confirmed within the qualitative interviews. A majority of the workers interviewed in both residential and community aged care were planning to remain working in the sector over the next three to five years. Across both settings, around two-thirds of these workers were content to stay in the same role with their current employer. A further quarter were planning to advance their career within the sector, either by undertaking additional training or moving into a new role with more responsibility.

A third of the residential workers and a quarter of the community workers interviewed were planning to leave the aged care sector within the next five years. Reasons for leaving the sector, however, differed between the two groups. While retirement was the main reason provided for the exit of community workers, around half of the residential workers planning to leave aged care were doing so because of plans to move into other fields of nursing (primarily hospital nursing).

4.2.2 Factors influencing job satisfaction – quantitative findings

The 2016 NACWCS worker survey showed that in general workers within community aged care have slightly higher levels of job satisfaction than their counterparts in residential settings (see Tables 3.34, 3.35, 5.33 and 5.34; Mavromaras et al. 2017). More specifically, community workers were less likely to report experiencing stress and pressure in their work. Community workers were found to be especially satisfied with the work itself, the support they received from colleagues and supervisors, and their work-life balance. Meanwhile, residential workers reported that they were most satisfied with the work itself, the hours worked and support from their supervisor. Both groups (and especially residential workers) were most dissatisfied with their total pay. In addition, community workers had lower levels of satisfaction with their job security, while residential workers were less satisfied with the amount of time they had with care recipients and levels of autonomy over their work.

4.2.3 Factors influencing job satisfaction – qualitative findings

4.2.3.1 *Rewarding work – common across residential and community*

The qualitative interviews highlighted that two particular aspects of aged care work – the work itself and client contact – were valued most highly by workers in both residential and community settings. Aged care work was considered to be rewarding and offering opportunities to make a real difference to the lives of older people. In addition, the community workforce strongly valued being able to help older people to maintain their independence and continue living in their homes. Community aged care was also seen (particularly by nursing staff) as offering greater autonomy and task diversity.

A second key element contributing to the job satisfaction of workers in both settings was the direct contact with older people that their work afforded them. Client/resident interaction and the relationships developed were perceived to be an essential and enjoyable aspect of their work. The residential workers interviewed particularly spoke of the strong bonds that they had with the residents living in their facility, with some describing this as feeling as if they were part of a family. Co-worker relationships was a further aspect of job satisfaction which was especially appreciated by residential workers; working in a facility with colleagues who were supportive and worked well as a team was valued. In contrast, having a good work environment and supportive management was reported by only a small minority of both residential and community workers.

4.2.3.2 *Workloads and staffing*

For workers in both aged care settings the most commonly cited area of job dissatisfaction in the qualitative interviews was high workloads and levels of administrative paperwork. However, the reasons contributing to excessive workloads and time pressures were somewhat different for each group. Residential workers commonly attributed work pressures to inadequate numbers of staff in their facilities and the high care needs of residents. Meanwhile, community workers frequently reported having too many clients and tasks allocated to them during their shift; travelling time between appointments also contributed to feeling pressured for time.

Aligned with their comments regarding high workloads, the second most common area of job dissatisfaction for residential workers was staffing (with four times as many citing this as an issue compared to community workers). Many of these workers were concerned that inadequate levels of aged care funding was leading to insufficient numbers of staff within residential facilities. Concerns were also highlighted regarding an inappropriate skill mix of staffing within some facilities. Reports were provided of registered nursing staff being replaced with less qualified staff and care workers having to take on greater clinical responsibilities. As a consequence of both these staffing issues, it was felt that resident care was being compromised.

4.2.3.3 *The need for greater workplace support*

Further areas of job dissatisfaction reported by a minority of workers in both aged care settings included perceptions of a lack of managerial support and issues relating to their organisation. With regard to this latter aspect, residential workers were more concerned about the values of the organisation they worked for, while community workers raised concerns about frequent organisational change and the negative impact this had on staff.

Issues experienced with client care were an additional contributing factor to job dissatisfaction for both community and residential staff. The impacts of the physical demands of aged care work, working with older people with challenging behaviours and the emotional strain of coping with ill-health and death were commonly raised by both groups.

4.2.3.4 *Some additional factors unique to community care*

Workers in community aged care also raised issues unique to their work setting. These included client non-compliance around medical issues and services, and perceptions that some clients and their families had unrealistic expectations of the role of community aged care staff. Aged care workers in the community were also more likely to express concerns about their working conditions than residential staff. Some community workers reported insecure employment arrangements including insufficient or variable hours, having unfavourable rosters, and being unable to secure a permanent position. Moreover, several workers in the community expressed concerns about the potential impact the aged care reforms (and especially the extension of consumer directed care) could have on their organisations and own job security. Dissatisfaction with rates of pay were common for staff across both residential and community aged care.

4.3 New hire workers

4.3.1 Future work plans – intention to stay or leave

Most of the new hire workers interviewed in the qualitative component of the 2016 NACWCS expressed a desire to continue to work in aged care. While some were content to remain in their current role, others were hoping to pursue opportunities to enhance their career such as taking on greater levels of responsibility in supervisory and managerial roles. Other new hire workers were planning to undertake further training, e.g. completing a nursing qualification, in order to achieve career progression.

However, a fifth of the new hire workers interviewed (and more commonly those working in residential facilities) reported that they were planning to leave the sector within the next five years. While this was typically due to a goal of working in a hospital setting, some workers stated that they would consider returning to aged care once they had gained clinical experience and skills in an acute setting. The interviews with new hire workers also revealed evidence of likely turnover within the sector, with some employees looking to find alternative employment in aged care.

Decisions to move to a new aged care employer were based on several factors. For some new hire workers, personal reasons (such as wanting to find work closer to home) were driving this decision. Other workers were looking to transition to another setting within aged care, i.e. to move from residential to community care, or vice versa. Some of the further reasons provided for movement within the sector were pertinent to the setting the worker was employed in. Hence, some new hire workers within community aged care were seeking an employer who could offer improved working conditions including more secure employment, increased hours and better rates of pay. Likewise several new hire residential workers aimed to work in an organisation whose values were a better fit with their own personal beliefs.

4.3.2 Factors influencing job satisfaction – qualitative findings

The qualitative interviews provided detailed information of the factors which influence the job satisfaction of new hire workers.

4.3.2.1 *Client contact and support from co-workers and managers*

The qualitative interviews revealed that the aspects of aged care work which most strongly contributed to the job satisfaction of new hire workers were the interactions and relationships developed with clients and their families. A further key contributor to job satisfaction was the sense of fulfilment that workers gained from using their skills to help their clients. New hire workers also commonly reported valuing the relationships that they had with their co-workers; enjoying working as a team to provide quality care and, for some, being part of a family-like work environment. A final area of job satisfaction reported by some new hire workers was the support and acknowledgement received from managers, including being able to discuss concerns and address issues around working with challenging clients.

4.3.2.2 *High workloads and emotional strain*

The new hire workers interviewed also raised concerns about aspects of their work which caused stress and, if unaddressed, could potentially lead to exits from the sector. A key area of job dissatisfaction were high workloads which led new hire workers to feel overwhelmed and with insufficient time to provide quality care or to support their colleagues. Moreover, the psychological stress of working with clients and their families was challenging for many new hire workers. In particular the emotional strain of observing the deteriorating health and deaths of clients, addressing complex care needs and behaviours (especially relating to palliative and dementia care), and as well as dealing with the demands of some families were reported.

4.3.2.3 *Working conditions and organisational factors*

For new hire workers in community aged care settings, issues relating to working arrangements and conditions were a common source of dissatisfaction. Poor pay, insecure employment (in the form of casual contracts and variable working hours), and a lack of financial compensation for travel time were reported.

Other, less prevalent, sources of job dissatisfaction for new hire workers related to their aged care organisation, managers and co-workers. Several new hire workers reported that the values of their employer were in conflict with their own (i.e. the organisation was perceived to focus more on making a profit than on staff welfare) or that a lack of communication of client needs impeded quality care provision. Furthermore, a lack of appropriate support from managers and instances of co-workers who were unskilled and unsuited to aged care work were reported.

4.4 Mature aged workers

4.4.1 Future work plans – intention to stay or leave

When questioned in the qualitative interviews about their career plans over the next three to five years, a majority of mature aged workers planned to continue working in aged care. Of these workers, most intended to maintain their current position and role with their employer.

Factors which motivated the mature aged workforce to continue working in the sector were an enjoyment of the work, positive relationships with clients and a desire to see ongoing projects through to completion. However, around half of the mature aged sample expected to retire from their aged care position within the next five years. While some workers were voluntarily planning for retirement, others considered that the decision to retire was being forced upon them due to poor health, work-related injuries and changes within their workplace (e.g. relocation). Several mature aged workers who had already passed the traditional retirement age of 65 years aimed to continue work in the sector indefinitely while their health permitted.

Although many mature aged workers were keen to remain working in aged care for as long as possible, it was acknowledged that their capacity for continued employment was very much dependent on maintaining good health and fitness. Aged care work was perceived to be both physically and emotionally demanding. Consequently a need was recognised to reduce the health risks posed by aged care work in order to extend working lives in the sector.

Mature-aged workers spoke of several strategies which they were using to reduce the physical and psychological strain of their work. These strategies included reducing working hours, taking on more diversity within their work (for instance combining care work with administrative roles), or shifting to less physically intensive work. Support from managers and aged care organisations was perceived to be important in order to implement these strategies and enable greater numbers of mature aged workers to continue working the sector for longer.

4.4.2 Factors influencing job satisfaction – qualitative findings

Within the qualitative interviews, the mature aged respondents described several elements of their work which led to job satisfaction and enhanced retention.

4.4.2.1 *The importance of relationships*

The most important area of job satisfaction (reported by more than half of the mature aged sample) was the benefits gained from working directly with clients. Of particular value were the social interactions with clients, and the close relationships which were formed. Around half of the mature aged sample also described aged care work as being rewarding and making a difference in the lives of older people. For those working in community aged care, being able to assist clients to remain living in their own homes, and having autonomy and diversity in their work were further aspects of aged care work that were appreciated. Other positive aspects of aged care work reported by a minority of mature aged workers included having good relationships with co-workers and managers, and being based in a workplace that operated well and was adequately resourced.

4.4.2.2 *Excessive workloads and time stress*

While a fifth of the mature aged workers interviewed reported that they did not experience any difficulties or stress in their work, a large majority described areas of job dissatisfaction with the potential to influence retention decisions. The most common area of concern (reported by over half of all mature aged workers and

especially by nursing staff) related to excessive workloads and time stress. As a consequence of high workloads, workers reported being unable to take leave and work breaks, undertaking considerable amounts of unpaid work and overtime, a lack of quality time with clients, deprioritising health and safety recommendations, and experiencing psychological and physical health issues. Aligned to concerns about workloads, a fifth of mature aged workers also reported that the levels of administrative activities and paperwork expected of them was too high. Administrative systems were reported to be inefficient and the need for multiple record-keeping was criticised.

4.4.2.3 *Poor work arrangements and conditions*

Concerns around work arrangements and conditions were reported in the interviews by almost half of the mature aged sample (and particularly by care workers). Pay within the sector was strongly seen as being poor compared to other care settings and industries. Moreover, some workers described having unfavourable shift patterns or insufficient hours and being employed on casual contracts.

4.4.2.4 *Lack of support in the workplace*

Dissatisfaction with management was a further common source of stress for the mature aged workforce. Examples were provided of a lack of management support for direct care staff, inappropriate decision making which adversely affected staff and clients, poor communication, and some instances of workplace bullying. Coping with clients and families with difficult behaviours, complex medical needs, and unreasonable expectations was also perceived as being challenging. A lack of organisational support to assist staff to cope with the distress associated with the death of clients was highlighted by several respondents. Also reported by around a quarter of mature aged workers were difficulties experienced with the behaviour of co-workers and insufficient levels of staffing in the sector (particularly within residential facilities).

4.5 Male workers

4.5.1 Future work plans – intention to stay or leave

Over two-thirds of the male workers interviewed in the qualitative component of the 2012 NACWCS planned to remain working in aged care during the next three to five years. Of these workers, less than half (and typically those coming towards the end of their working lives) wanted to remain in their same role with their current organisation. Hence many male workers were seeking to opportunities for career development through upskilling, formal training or promotion to a position with more responsibility. However, several male workers described a lack of opportunities (particularly for care workers) for career advancement in the sector. A further third of male workers were seeking to leave the sector mostly to find employment in another industry such as hospital nursing.

4.5.2 Factors influencing job satisfaction – qualitative findings

The qualitative interviews also explored the processes which both facilitate and hinder male retention in the aged care sector. Several factors were identified which positively influence male representation in the aged care workforce.

4.5.2.1 *The role of men in aged care work*

Men's skills and interests were often seen as being associated with specific areas of aged care work and as a consequence male workers were attracted to, and accepted more within, dementia care, diversional therapy, social programs and home care work. Male workers were also perceived as having a better innate ability than

women to deal with high risk situations, and as such were encouraged to work with clients with more complex and challenging behaviours, e.g. aggression and dementia.

Male workers themselves identified that they received benefits from being part of a minority group within the aged care workforce. These benefits included having greater success when applying for aged care roles and receiving additional support and training from their employers. In addition, male workers frequently considered themselves to be subject to less rigid rules within the workplace, and also received greater overt appreciation from clients and supervisors compared to their female colleagues.

4.5.2.2 Positive features of aged care work

Particular aspects of aged care work also appealed to many male workers. These included perceptions that working in the sector was both rewarding and socially important. Furthermore, some male aged care workers also valued opportunities for flexible work arrangements which allowed them to combine work and non-work responsibilities.

4.5.2.3 Aged care as ‘women’s work’

However, several processes were identified in the qualitative interviews that may discourage men from entering the aged care workforce or lead to poorer retention of existing workers. As a traditionally female dominated industry, aged care (and the skills required to perform work tasks) continued to be widely regarded as being ‘women’s work’ (even by some male workers themselves). This perception commonly led to questioning of the competency of male workers to work in the aged care sector. Male workers also reported that some of their clients preferred to receive care from female workers, particularly when this involved intimate care tasks such as showering and toileting. These client preferences were often felt to be associated with underlying concerns around the sexual motivations of men for undertaking the work and fears of sexual abuse. Consequently male workers were at times excluded from doing certain aged care tasks or working with specific clients.

4.5.2.4 Challenges of working in female-dominated workplaces

Male workers commonly reported difficulties adapting to employment in aged care workplaces with typically high proportions of female employees. This was often particularly challenging for men who had previously worked in low skilled male dominated industries. These difficulties centred on communication and interactions with female colleagues, co-worker relationships and understanding the boundaries of acceptable workplace behaviour. Male workers commonly raised concerns of negative work environments describing incidences of ‘bitchiness’ and ‘gossip’ amongst female colleagues as well as direct discrimination.

In particular male workers described common expectations that they would undertake more physically demanding tasks within the workplace. As a consequence of their employment in the aged care sector, male workers also reported receiving negative reactions from people both within and outside the sector. The reasons why they worked in aged care and their commitment to their work were questioned, and at times, suspicions were voiced about their sexuality. In order to moderate these reactions, male workers used a variety of strategies including humour to deflect negative comments, distancing themselves from the work by retitling their role or not fully disclosing their work tasks, and emphasising the masculine components of their work.

4.5.2.5 Poor working conditions and lack of career opportunities

Work arrangements, employment conditions and opportunities for career progression were considered to be poor within the aged care sector by many male workers. The part-time hours and low rates of pay commonly

available within the sector were perceived by many men as restricting their ability to financially support their family. As a consequence, while gaining enjoyment from aged care work itself, some male workers were considering whether they could afford to continue to work in the sector in the longer term.

Career opportunities were a further factor influencing male retention in aged care. The typically flat organisational structures within aged care organisations meant that it was challenging for workers (both male and female) to achieve career advancement. Consequently male workers seeking promotion felt forced to either remain in their current role or consider moving out of aged care altogether.

4.6 CALD workers

4.6.1 Future work plans

Around four-fifths of the CALD workers interviewed for the qualitative component of the 2012 NACWCS, wanted to continue working in aged care within the next three to five years. Other CALD workers were unsure about their future employment plans with some considering leaving the sector if they were unable to fully utilise their skills and training or obtain permanent work in aged care. A small minority were planning to leave aged care either due to retirement or to pursue a career outside of the sector. Of those wanting to remain in aged care, almost two-thirds wanted to continue working for their same employer. However, many of these workers were seeking to pursue opportunities for training and career advancement, and to subsequently take on new roles within their organisation. A further third of the CALD workers wanting to remain in aged care indicated that they were aiming to find employment with a different provider organisation; this was primarily in order to obtain further career development and opportunities.

4.6.2 Factors influencing job satisfaction – qualitative findings

The qualitative interviews highlighted factors which positively and negatively influenced the job satisfaction of CALD workers.

4.6.2.1 *Language and culture*

The qualitative interviews examined positive and negative experiences of working in aged care which workers considered to be directly related to their CALD overseas-born status (King et al. 2013). Many CALD workers felt that they had valuable language and cultural skills that they brought to their aged care role, which could actively enhance the quality of care provided to clients. However, some CALD workers reported that they had encountered issues in the workplace relating to their English language competency and understanding of Australian culture. This had led to challenges in fully understanding the content of training and communication difficulties with clients, co-workers and supervisors.

Workers also described examples of racial discrimination that they had experienced from clients, management and other staff in their workplaces. This discrimination included inappropriate comments relating to the worker's skin colour, language or migrant status. In addition several CALD workers reported perceptions that they were not respected by their co-workers; this was at times reflected in a lack of consultation over client care. Some CALD workers reported being reluctant to complain about the discrimination that they received as they did not feel that their organisation would listen, or respond, to their grievances.

4.6.2.2 Workloads and conditions of employment

The interviews with CALD workers also explored more general issues which contributed to job dissatisfaction. Around a fifth of all CALD workers reported that they encountered no stress or difficulties in their work. For the majority of CALD workers, however, concerns were raised regarding workloads, working arrangements and conditions, issues relating to clients and their families, and staffing.

Around a third of all CALD workers reported that high workloads were common in the sector. High client to worker ratios, a lack of staff numbers and (for staff in the community) lengthy travel time between appointments contributed to workload pressures. As a consequence the workers interviewed described that it was especially difficult to deal with emergency situations that arose in addition usual tasks. High workloads were also considered to negatively impact on client care and behaviour.

Working arrangements and conditions were a further key area of dissatisfaction for CALD workers with many reporting that pay within the sector was poor compared to the level of responsibilities held or in comparison to jobs such as cleaning and retail which required a lower skill set. Indeed several CALD workers reported that levels of pay in the sector were so poor as to be unsustainable for some workers and their families and to negatively impact upon attraction and retention. Issues relating to hours of work, casualisation and a lack of career opportunities were also raised in the interviews.

4.6.2.3 Issues in relationships with clients, co-workers and managers

A further area of stress encountered by CALD workers was through their direct work with clients and families. This included addressing challenging behaviours, dealing with family complaints and coping with the physical and emotional demands of aged care work. A final main area of worker dissatisfaction centred upon staffing issues. Workers from CALD backgrounds described instances of stress and conflict with co-workers whose personalities made them unsuited to aged care work, did not work hard enough, or were demanding of other staff members. A shortage of direct care and managerial staff within aged care organisations was also reported to be problematic as this was considered to be leading to increased workloads and a lack of supervisory support.

5. Utilisation and skill shortages

5.1 Overview

Skill shortages are a very common outcome of mismatches in the labour markets of industrialised economies and Australia is no exception. Matching the specific skills and qualifications of workers with the skills and qualifications required by a job can be an uncertain process, which, according to CEDEFOP (2010) typically leads to one form or another of mismatch in about 20-40% of cases. There can be many reasons for this, for instance, a worker/employer in urgent need for a job/employee, may well risk a quick but not well thought out match, which they may later regret and decide to reverse. It is often presumed that mismatches are always about having fewer people with a specific skill/qualification than the labour market requires, but the case of having too many people with a specific skill/qualification is also perfectly possible. Mismatch is not an either-or concept, hence its measurement is made in different ways, which capture different aspects of the problem. Typically we want to know if there is a shortage or surplus of specific qualifications, or if there is a shortage or surplus of more broadly defined skills needed to do a specific job, possibly in a specific industry sector.³

Broadly speaking, shortages (rather than surpluses) of skills have been the main problem in the Australian economy for a long time, primarily due to the uninterrupted growth and relatively low unemployment rates that have been experienced for a long time. For a sector with one of the highest growth rates in the whole economy, good employer-employee matches are critical, for the retention of existing workers, the attraction of new ones and the productive utilisation of the present workforce. For the aged care sector, we focus on nursing qualifications, which appear to be in acute shortage in many instances in the sector, and personal carer skills, which also appear to be in shortage, perhaps in larger volumes but with lesser intensity for each individual occurrence. When considering specific shortages in the aged care sector, we should also keep in mind similar shortages in carers and nursing staff in the mainstream health and in the disability care sectors. The degree of communication is important and any equilibrium reached in the aged care sector will always risk that it becomes disturbed by changes in a related sector's workforce developments. For instance, it will take some time for us to know the impact of the NDIS pay structures on the aged care attraction and retention efforts, but we can be pretty certain that any major differences between comparable tasks and jobs will lead to cross sector movement of labour. In other words, the pricing of the NDIS can influence the pricing of the aged care sector through the workings of wage costs and labour mobility. Similar labour and skills-related interdependences will exist between mainstream health and aged care.⁴

One of the critical aspects of skill shortages is the degree to which there may be persistent skill shortages in specific sectors. Persistent skill shortages indicate that the labour market may not be working optimally. Persistent skill shortages have also been shown to impact on the profitability of specific sectors and eventually on the overall efficiency of the economy (CEDEFOP 2010, Healy et al. 2015). Finding out more about what is not working properly is an important first step towards identifying what the possible solutions to the problem

³ An important conceptual distinction about the origin of changes in skill shortages is whether they are due to a change in the demand for a specific skill (principally due to a change at the employer demand for labour side, typically due to changes in product demand), or due to a change in the supply of a specific skill (principally due to a change of the number of workers in possession of that skill, typically due to changes in labour and education supply). This distinction is conceptually very clear, but empirically very difficult to estimate.

⁴ There will be other avenues through which other sectors will impact on the aged care costs and its capacity to pay its wages, for example, the degree to which mainstream will be able to accommodate older people for longer stays in hospital beds that may be needed for alternative mainstream uses.

may be. For example, it may be that the relevant education avenues for upskilling may not be readily available, either in numbers or in quality of skills. Addressing this could be achieved by the sector investing in its workforce either through providing the necessary training (either in-house or externally) or through supporting improvements in the performance of the relevant parts of the education sector. However, it could also be that the specific skills one sector may be short of are in high demand by another sector that offers better wages. If the sector is suffering from skill shortages because they cannot match these higher wages, it is clear that any benefits from upskilling as a form of investment in the workforce, would not close the skills gap as the newly skilled workers would simply move to the better paying sector.

Reality teaches us that skill shortages are as complex a phenomenon as they are a commonplace one. The simple example we presented above shows how critical it is for the design of policy to counter skill shortages to be well informed as to both their causes and their consequences.

5.1.1 Skill shortages in aged care

The NACWCS data first collected in 2012 detailed information in the aged care sector about the causes of skill shortages and the responses of employers. Prior to 2012 there was no specific information for the aged care sector. With the arrival of the 2016 data set, we have the first opportunity to make comparisons over time between the 2012 and the 2016 position of the sector.

To provide some context before we look at the actual figures, it is useful to recall (i) that the Productivity Commission (2011) predicted that unless the wages in the sector were to increase substantially, shortages would be prevalent and damaging, and (ii) that the relevant demographics of increasing longevity within the population suggest that there will be a continuing and substantial increase in the demand for aged care services for some time to come. This report will present and comment on work on skill shortages currently under development by the authors (using some of the tabulations in Mavromaras et al. 2018) and compare relevant aspects of the 2012 and the 2016 data sets in order to illustrate the extent of the problem and to highlight some of the changes that can be traced in the data as the current decade unfolds.

A major finding from the 2016 NACWCS is that a big majority (between two thirds and three quarters) of residential sector employers and about half of community sector employers report skill shortages (Mavromaras et al. 2017). These high percentages may not be as surprising if we consider that this is a fast growing sector that has been undergoing considerable reform at the same time. We note that the number of employers who report skill shortages is well above the nationally representative levels found in earlier data sets. For example, Healy et al. (2015) who look at the middle of the 2000s decade when the whole Australian economy experienced skill shortages, report considerably lower percentages for Australian small and medium-sized enterprises (SMEs).

Here we focus more on the differences between different parts of the sector (principally between residential and community aged care) and how these differences have been developing between the years 2012 and 2016. As skill shortages are a disequilibrium phenomenon, looking at the way change is happening over time provides the most powerful information about the state of the aged care labour market.

Data from the NACWCS employer census showed that the percentage of reported skill shortages declined between 2012 and 2016 for residential (from 77 per cent to 63 per cent) but remained about the same for community (from 48 per cent to 51 per cent) aged care providers. The implication is that, whatever pressures arise from skill shortages, these have been declining for the residential sector and have not changed in the community sector over time. In part this could be due to the more intense reform-induced change experienced within the community sector, including the adoption of new person-centred policies.

The main questions that must be asked here are (i) what were the causes of skill shortages according to employers and (ii) how did employers go about to address the problem of skill shortages? We examine these questions in turn below.

5.2 Causes of skill shortages

Table 1 presents the percentage of reported causes of skill shortages by year and by sector. The higher the percentage reported the stronger the pressure, but we note that these causes are very different in their meaning.

Table 1: Causes of skill shortages (per cent)

| | Residential | | Community | |
|---------------------------------------|-------------|------|-----------|------|
| | 2012 | 2016 | 2012 | 2016 |
| Specialist knowledge is not available | 35 | 19 | 31 | 21 |
| Location is unfavourable | 34 | 27 | 37 | 40 |
| Recruitment is too slow | 33 | 21 | 30 | 30 |
| Training availability is limited | 20 | 12 | 16 | 16 |
| Wages are too high for the employer | 16 | 10 | 15 | 12 |

Note: Authors' own calculations.

The most commonly reported causes of skill shortages are the lack of specialist knowledge, remote location, and slow recruitment in both residential and the community sectors. Training availability and too high wages follow, but they are not as common. We note the decline in all causes in the residential sector, which was not matched in the community sector. But what do these differences between causes of skill shortages and their changes over time mean?

Putting specialist knowledge and training availability together as the two causes that have to do with building skills we note that the residential sector has enjoyed a considerable release in these skill shortage pressures between 2012 and 2016, from 55 per cent down to 31 per cent. In contrast the community sector enjoyed much lower release in these pressures from 47 per cent down to 37 per cent, exclusively from a reduction in the lack of specialist knowledge (31 per cent to 21 per cent), with training problems remaining unchanged at 16 per cent.

Combining location and slow recruitment together as the two causes that will be most related to specific labour market conditions (including hard to fill vacancies), we see that the residential sector has made much progress between 2012 and 2016, from 67 per cent to 48 per cent, while the community sector has experienced a modest increase in these skill shortage pressures (rising from 67 per cent in 2012 to 70 per cent in 2016). There is a clear divide between the two sectors on this front.

Arguing that wages are too high for the sector to afford, in a situation where wages are low and the workforce clearly says so can give rise to concern, more so in a sector where skill shortages are very common. These concerns were articulated by the Productivity Commission in 2011 and have been part of a debate that is always difficult to settle. The evidence presented here clearly does not suggest that too high wages are a very common reason why employers feel they are put under skill shortages pressure. Indeed this cause scored the lowest frequency in both sectors and clearly reduced as a concern for employers between 2012 and 2016.

5.3 How do employers respond to skill shortages?

Table 2 presents the percentage of reported responses to skill shortages by year and by sector. The higher the percentage reported the more effective the response can be assumed to have been perceived in reducing skill shortages pressures.

Table 2: Employer responses to skill shortages (per cent)

| | Residential | | Community | |
|---|-------------|------|-----------|------|
| | 2012 | 2016 | 2012 | 2016 |
| Work longer hours (current staff) | 62 | 63 | 55 | 56 |
| More training (on-the-job) | 42 | 37 | 38 | 37 |
| More training (external) | 23 | 18 | 22 | 21 |
| More workers (through agency) | 53 | 49 | 28 | 31 |
| More workers (through outsourcing) | 6 | 6 | 14 | 23 |
| More workers (through short-term hires) | 16 | 16 | 15 | 18 |
| Paid higher wages | 15 | 7 | 12 | 8 |
| Reduced production levels | 4 | 2 | 16 | 14 |

Note: Authors' own calculations.

Asking existing staff to work longer hours is by far the most common individual response by employers to skill shortages (although slightly less so in the community sector), and has remained largely unchanged between 2012 and 2016. Providing more training is used extensively to address skill shortages in both residential and community aged care and the prevalence of its use does not appear to have changed between 2012 and 2016. On-the-job training is used more commonly by employers than external training.

Seeking additional workers to address skill shortages is very common to both sectors, especially using agency workers, but it takes place through different avenues. Residential care employers favour using agency workers more and outsourcing less than community care employers do. Outsourcing has increased considerably in the community sector between 2012 and 2016, from 14 per cent to 23 per cent, whilst it remained very uncommon and unchanged at 6 per cent in the residential sector. Addressing skill shortages through short term hires is a less common response similar between the two sectors and largely unchanged over time.

It is clear that paying higher wages has not been a route towards addressing skill shortages in the aged care sector. Employers clearly state that having too low wages are not the cause of skill shortages and having to pay higher wages is not the solution of skill shortages. Our first conclusion is that overwhelmingly aged care employers choose other methods to address skill shortages and that these methods appear to be working in the residential sector but not so well for the community sector.

5.4 Vacancies and skill shortages

Vacancies are one of the most potent labour market indicators. Historically, when an economy performs better the employment rate increases, the number of vacancies rises as employers advertise their new vacant jobs and the time it takes employers to fill their vacant posts increases as there are fewer, and possibly less skilled people willing to apply for them. When we want to judge how well a sector is performing in terms of employment levels, the most up to date and accurate information is gained by observing the speed at which vacancies are filled.⁵ It is worth noting that a large number of vacancies could be an indication of skill shortages, but not necessarily so. Lots of vacancies could also be the result of high labour turnover, or of high demand for additional labour that can be satisfied through a could be the result of

An increasing number of vacancies is a clear indication of rising skill shortages pressure. The speed at which vacancies are filled is also informative. An increasing proportion of vacancies that are filled very quickly suggests either high turnover and/or growth, but not that the employers have to struggle to fill the vacancies. The bad news from vacancies comes through long term vacancies (often referred to as ‘hard to fill vacancies’) which suggest a high likelihood of skill shortages. While the potential damage caused by hard to fill vacancies can be clear, their presence is not always clear to observe, as some of the worst of those vacancies that are hard to fill, will often cease to exist. Employers who believe that they will not find the specific skill they need through advertising a vacancy, may turn to alternative methods as we have already explained in the sections above. This will impact on our statistics, as at the point in time the discouraged employer decides to stop advertising and either give up or find another route, the ‘hard to fill vacancy’ becomes a ‘no vacancy’ observation in our data. We use a combination of NACWCS and ABS data in our discussion on vacancies trying to find the number of vacancies by sector, how this number changed over time and the speed at which these vacancies were filled and how this changed over time.

5.4.1 Vacancies in aged care

Vacancies in the residential sector are more common for RNs and for personal care attendants (PCAs) (NACWCS 2012 and 2016, Table 4.11 in both reports); ENs and allied health vacancies are less common. The proportion of facilities reporting vacancies across all occupational groups was lower in 2016 than in 2012. Similarly, the speed at which vacancies were filled was reduced for RNs from 7 weeks to 4.3 weeks and for PCAs from 3.2 to 2.5 weeks (NACWCS 2012 and 2016, Table 4.13). Vacancy statistics in the residential sector confirm our previous findings in this sector, namely that skill shortage pressures have been reducing between 2012 and 2016.

The community sector also presents us with a picture on the number of vacancies and their average duration which confirms our previous findings in that sector, namely that skill shortage pressures have remained unchanged between 2012 and 2016. Across both years, employers were most likely to report having vacancies for community care workers (CCWs).

⁵ Vacancies is a flow statistic, in that it tells us how things are changing. As such it contains amplified information about the strength and direction of a change. The numerical logic is simple. Trying to elicit how employment develops by observing the whole of the labour market will mean that we observe all participants, irrespective of whether they have changed employment status or not and all jobs, old and new. This is a lot of counting! However, if we could focus only on where change is happening, we would only need to count those who have changed status. Similarly, if we focus on these vacancies that remain unfilled for a long time, we can identify directly where shortages arise, without having to commit to counting the complete number of employees in two points in time and then calculate the relevant differences.

The averages we report conceal much of what is happening in the labour market for aged care skills. Comparing Table 4.12 in the NACWCS 2012 and 2016, we note that within residential aged care the very quick to fill vacancies (in less than one week) have become less common (for RNs from 34 per cent to 22 per cent and for PCAs from 34 per cent to 21 per cent), as have the number of harder to fill vacancies (for example for vacancies of 13 weeks and over, for RNs from 8.5 per cent to 4.9 per cent and for PCAs from 3.4 per cent to 0.3 per cent). In contrast, the number of easier to fill vacancies have become more common (for example, for vacancies of between 1 and 4 weeks, for RNs from 37 per cent to 50 per cent and for PCAs from 53 per cent to 67 per cent).

The community sector presents a similar picture in the way the very quick to fill vacancies have become less common and the easier to fill have become more common. However, unlike what we find in the residential sector, in the community sector the proportion of harder to fill vacancies has remained unchanged over time. Although this analysis does not offer any definitive findings regarding the relationship between vacancies and skill shortages, it alerts us to the fact that using simple average statistics for the duration it takes to fill a vacancy offers an incomplete picture of the real issues.

5.5 Skill shortages, variation by geographical location, occupation and sector

Our examination of the causes of skill shortages and the responses used by employers, indicated clearly that being located in a remote area does not only increase the chances of an employer experiencing skill shortages, but it also makes the job of resolving them much more difficult. Here we will examine in more depth how skill shortages may differ by the geographical location of the employer, by the occupation of their employees, and by the sector they operate in. Where comparisons are feasible, we examine how these shortage differences may have changed over time from 2012 to 2016.⁶

When we consider occupational differences, we focus on RNs who are reported to be the occupation with the highest proportion of skill shortages and on care workers (PCAs for residential and CCWs for community aged care) who form the large majority of all direct care workers in the sector. Skill shortages are present but are lower for ENs and very low for Allied Health Professionals.

In the residential sector, while most shortages are for RNs they are also relatively high for PCAs (NACWCS 2012 and 2016, Table 4.8). In contrast, skill shortages in the community sector are largely reported for CCWs (NACWCS 2012 Table 6.12 and NACWCS 2016, Table 6.9).

In both 2012 and 2016 the lowest skill shortages were found in the metropolitan areas. In 2016, aged care employers in regional and remote locations registered considerably higher incidence of skill shortages, with remote and very remote areas the highest. Differences in reported skill shortages by geographical location appear to be less pronounced in the community sector.

⁶ Before we commence, we need to mention a data-related caveat: the way location was recorded in the 2012 NACWCS did not distinguish between remote and very remote locations. The relevant question was expanded in the 2016 data collection by introducing the standard ABS classification, which improved the 2016 data collection, but precludes us from making an exact comparison between 2012 and 2016 using the full range of all categories of location. More detailed comparisons could be made by using postcode information to re-work the 2012 data, but such an exercise is beyond the scope of this report. Given this caveat we do not report precise percentages for location in the rest of this section. The details can be found in the 2012 and 2016 NACWCS reports (King et al. 2013, Mavromaras et al. 2017).

Our main finding that skill shortages have been declining over time in the residential sector but not in the community sector differs by geographical location and by occupation. The drop in the total proportion of employers in both sectors reporting skill shortages from 2012 to 2016 was more pronounced in the metro areas than in the rest of the country. In particular, skill shortages for RNs dropped more in the Metro areas over time than in the rest of the country for both sectors. The same stronger drop in skill shortages for PCAs was experienced in the residential sector in metro areas. In contrast, we have not traced any major changes in skill shortages between 2012 and 2016, or differences by metro versus non-metro, for the CCWs in the community sector.

6. Conclusions and policy implications

This final section of the report brings together the key findings relating to the attraction, retention and utilisation of the aged care workforce and their implications for the future development of the aged care workforce.

6.1 Attraction into the aged care workforce

6.1.1 Pathways into aged care

The quantitative and qualitative evidence indicated that, across all cohorts, aged care is a first job for only a minority of workers and that those with no previous paid work experience are primarily attracted to roles within the residential aged care sector.

Although workers usually come into aged care with substantial employment histories and experience, pathways into the sector differed strongly for nurses and care workers. Nurses typically chose an aged care career following employment in other fields of nursing. In contrast, care workers reported no clear pathways into the sector, typically coming from a diverse range of jobs.

The qualitative interviews found that male workers in particular had previous experience in a wide range of non-health and non-care roles including traditional male occupations. Our interview sample also included care workers who had previously worked in non-care roles in aged care; this initial exposure was found to provide pathways into direct care roles.

6.1.2 Factors encouraging attraction

The qualitative interviews with aged care workers across all cohorts revealed three common key drivers that encourage attraction into the sector.

First, many current workers reported having a direct interest in aged care work. Their work was seen as being rewarding and offering opportunities to fulfil an interest in working with older people. In addition, many nurses considered that the sector provided challenging and diverse work including dementia and palliative care. For some workers in our new hire, CALD and care worker samples, aged care was seen as providing an initial stepping stone into a future career (often within the broader healthcare sector).

The availability of work within the aged care sector was a second key driver of attraction. In particular, male workers, new hires and CALD workers reported that they had experienced difficulties securing work in some other chosen occupation and had subsequently entered aged care due to the relative ease of opportunities in the sector.

A third key driver centred on perceptions of the convenience and flexibility of aged care work. For many of the workers interviewed, the working hours and shift patterns common in the sector were seen as offering good work-life balance.

6.1.3 Factors discouraging attraction

Factors which discouraged attraction into the aged care workforce were also raised in the qualitative interviews. Many workers expressed concerns that aged care work was seen in a poor light both within the general community and other health and care sectors. Aged care was widely perceived to be a low status job which offered poor rates of pay. Moreover, recent media exposure of poor practice within the aged care sector had added to these negative perceptions. In addition, aged care work was often viewed as lacking clinical and technical expertise and providing limited career pathways; this was considered to hamper the attractiveness

of the sector to nurses and nursing graduates. As a consequence of these factors, other health and care sectors were perceived to offer more attractive employment than aged care.

6.1.4 Reasons for choosing an aged care employer

The qualitative and quantitative data provided evidence of the reasons why aged care workers choose to either work in or leave an aged care organisation. Across all cohorts in the qualitative interviews, the choice of workplace had not been a conscious decision for a majority of workers and instead the availability of employment opportunities was of foremost importance. However, some workers (and especially those in the community sector) had directly sought employment with a specific aged care provider. This primarily was due to the organisation having a good reputation, positive values and favourable working conditions. Location and, for new hire workers and care workers, a previous positive experience of the organisation (through work placements or employment in a non-care role) had also led to decisions to choose a particular workplace. Personal circumstances, working conditions and aspects of aged care work itself were the three main factors identified in the worker surveys as contributing to decisions to transition to a new employer.

6.1.5 Attraction strategies

If attraction into the aged care sector workforce is to be improved, evidence from the qualitative interviews suggests that a multifaceted approach will be needed.

A campaign approach – to promote the benefits of working in the sector – would both allow the promotion of the positive aspects of aged care work and redress negative perceptions held by the community. In particular the rewards that a career in aged care can bring, the availability of work within an expanding sector, and the ability to obtain good work-life balance should be promoted.

Also the situating of aged care within the broader health and social care industry could appeal to those looking to develop transferable skills and experience within health and care work.

In order to adequately grow in size and to be able to better service the increasingly diverse need of older Australians, however, the aged care sector will also need to attract greater numbers of non-traditional pools of labour, such as men and younger people.

Special attention will be required, therefore, to ensure the relevance of attraction strategies targeting these cohorts, both industry-wide and at organisation or local levels. For instance, strategies to attract more male workers would need to challenge perceptions that aged care work is ‘women’s work’ and emphasise activities and roles that may appeal to men. In addition, the enhanced availability of work placements within aged care organisations (for students in high school and tertiary education) which provide positive experiences and encourage consideration of aged care as a future career, could be an important strategy in providing pathways into the sector for younger people.

Specific strategies will also be required to encourage greater numbers of nursing and allied health professionals to enter the sector in the future. The appeal of the sector to students and newly qualified graduates could be improved through better linkages between aged care organisations and educational establishments.

A greater emphasis on aged care within training courses (both within learning content and the greater availability of placements within the sector) as well as the promotion of aged care as a distinct specialism requiring complex clinical and technical skills could also improve worker attraction.

The strategies described above will not in themselves be able to address all the negative perceptions of aged care work which were highlighted in our qualitative interviews. As some of these perceptions centred upon

working conditions and career pathways, it is important that consideration is given as to how working conditions (and particularly pay rates) can be improved and opportunities for career advancement provided in order to allow potential workers to feel that they are coming into a sector that values and develops its workforce.

6.2 Retention of the aged care workforce

6.2.1 Future work plans – intentions to stay or leave

A large majority of the workers who participated in the NACWCS survey and qualitative interviews planned to continue working in the aged care sector. While many reported in the interviews that they wanted to remain in the same role and with their current employer, other workers were looking for change. In particular opportunities for career advancement through further training and moving into roles with greater responsibility were sought by care workers, new hires, men and CALD workers.

Furthermore, some workers (and particularly new hire and CALD workers) were seeking employment with an alternative aged care organisation to improve their working conditions or opportunities for career development. The interviews, however, highlighted challenges for workers (especially care workers) to progress within their career in the sector.

A minority of workers in the quantitative and qualitative data reported intentions to leave the aged care sector within the next three to five years. The qualitative evidence showed that plans to leave the sector were more common amongst the male workers and residential workers in our sample, with some planning a future nursing career in the acute sector. Also as may be expected, many mature aged workers were considering leaving aged care due to retirement. However, dependent on their health and fitness, these workers frequently spoke of wanting to continue to work in the sector for as long as possible. In order to extend their working lives, strategies were actively being adopted in order to reduce the physical and emotional impact of aged care work.

6.2.2 Factors encouraging job satisfaction and retention

The 2016 NACWCS workers survey showed that aged care workers (and especially those in the community) report relatively high levels of job satisfaction. The interviews highlighted several factors which provided workers with job satisfaction and encourage staff retention.

The two most commonly reported areas of job satisfaction related to direct work with older people and specific aspects of aged care work. Being able to develop close relationships and have positive interactions with clients was a key source of job satisfaction which contributed to decisions to remain working within aged care. In particular perceptions that aged care work was rewarding, made a difference to the lives of older people and (for those working in the community) enabled clients to remain living in their own homes were commonly expressed. Moreover, nurses and community workers reported that opportunities for autonomy and diversity in their work were important and enhanced their job satisfaction. The ability to use their clinical expertise and have challenging work was also of particular value to the RNs interviewed.

Positive relationships with co-workers were also perceived in the qualitative interviews to be an important aspect of aged care work, especially by new hire workers and those in residential settings. These workers reported gaining satisfaction from being part of a team which was working closely together to provide quality care. In addition, new hire workers were more likely than other groups of workers to report that support from managers was a salient contributor to their job satisfaction.

6.2.3 Factors causing job dissatisfaction and discouraging retention

Factors that contribute to job dissatisfaction and poorer retention in the aged care workforce were also identified in the quantitative and qualitative evidence. The worker survey found that aged care workers are most dissatisfied with their pay.

Further areas of job dissatisfaction identified in the survey included time with care recipients and, for nurses, work pressure and stress.

The most common source of job dissatisfaction reported by all cohorts in the qualitative interviews were high workloads and time pressures. Inadequate numbers of staffing and the complex care needs of residents within residential settings, and travel time between appointments and a lack of adequate time allocated to tasks in community aged care contributed to workload pressures. High levels of, and inefficiencies in, administrative paperwork were also frequently reported across both settings. Consequently, workers frequently described a lack of time with clients, being unable to take breaks and undertaking considerable amounts of unpaid work.

A second key source of job dissatisfaction in the qualitative interviews centred on working with clients and families. Aged care work was considered to be very physically and emotionally demanding; addressing the complex care needs or challenging behaviours of clients and, at times, unrealistic family expectations was perceived as being stressful especially by new hire workers and care workers.

The qualitative evidence also showed that working conditions and arrangements within the sector was a further common area of concern for the workforce. Across all cohorts, pay rates within the sector were considered to inadequately recompense for the responsibilities inherent in aged care work. Additional concerns were also expressed (particularly by care workers, CALD workers and those in community settings) with insecure employment arrangements. Within residential aged care settings, issues were frequently highlighted around staff numbers and skill mixes. Staff to resident ratios were considered too high, and concerns were raised about the replacement of nursing staff with care workers. These factors were reported to be having a detrimental impact on workloads and the ability to provide quality care.

Other, less commonly reported areas of worker dissatisfaction included relationships with co-workers and managers. Across all cohorts, difficulties were highlighted with co-workers who were unskilled and unsuited to working in aged care. Mature aged workers and care workers in particular also raised concerns about a lack of management support, and provided examples of poor communication and decision making within their workplaces.

6.2.4 Specific issues affecting male and CALD workers

Finally, the interviews with male workers and CALD workers highlighted specific issues for these groups which could hinder their future retention in the aged care sector.

Male workers raised concerns about difficulties working in typically female dominated workplaces, experiencing negative reactions of others to their role in aged care, and incidences of gender discrimination.

Many of the CALD workers interviewed had experienced difficulties in their work which were directly related to their CALD overseas-born status. For some of these workers issues with English language competency had led to challenges in understanding aged care training content and communication difficulties within the workplaces. CALD workers also described a lack of respect afforded to them as aged care workers and, at times, experiences of racial discrimination from clients, co-workers and managers.

6.2.5 Strategies to improve retention in aged care

In summary, evidence from the surveys and qualitative interviews with workers showed that many factors influence job satisfaction and dissatisfaction within aged care and also contribute to decisions impacting retention within the sector.

Key areas of job satisfaction included having contact and relationships with clients; perceptions of making a difference; having autonomy and diversity in their work; and good relationships with co-workers. In order to improve retention it is important that workers are supported to be able to obtain these elements of job satisfaction that are most valued in their work. This includes being able to have adequate time with clients to forge these bonds and to feel as if they are making a real contribution to the lives of older people; being given opportunities to make autonomous decisions and utilise their skills and training; and the facilitation of team work within an organisational setting.

Conversely, the potential to address factors which aged care workers find unsatisfactory about employment in the sector should be explored. In particular, concerns around workloads, staff numbers and skill mixes, the psychological and physical toil of aged care work, and working conditions were commonly expressed and could form the focus of future strategies at both an organisational and sector level to improve retention in the workforce.

6.3 Utilisation and skill shortages

6.3.1 Skill shortages in a growing industry

Skill shortages are a normal phenomenon in every competitive labour market. They are a consequence of change and they are more prevalent in both rapidly growing and rapidly declining sectors. In the former because the necessary skills cannot arrive quickly enough, in the latter because the necessary skills are withdrawing to other sectors too quickly.

Skill shortages are very common in the aged care workforces. For a sector that has been growing as vigorously and that has been undergoing such serious transformation and reform towards a more person-centred care provision, it is not surprising that there is a lot of labour movement and that a certain amount of disequilibrium is manifested, in part in the form of skill shortages. It is important that we view skill shortages as a positive sign of growth that needs to be handled well, rather than a sign of a malfunctioning sector.

This is why this report discusses both the causes of shortages, to understand where and how growth happens, and the employers' responses to skill shortages, to understand how they are handled. A main finding of our research suggests that there are many skill shortages in the whole aged care sector and that they have been declining in the residential sector, but not in the community sector.

6.3.2 Causes of skill shortages

The causes of skill shortages are very diverse. We find that the most important ones are lack of specialist skills and training and a tight labour market that makes hiring more difficult, particularly for remotely located providers. Against industry warnings, few employers report that having to pay too high wages forces them to do without the workers they need. The core message here is that whatever the cause of skill shortages in aged care, we seem to be getting less shortages in the residential sector when comparing 2012 with 2016, and about the same in the community sector.

6.3.3 Employers' responses to skill shortages

Employers utilise an array of responses to overcome the hurdles introduced by skill shortages. Following the national pattern, they ask their existing staff to work longer hours and then they try to train them more.

When all this fails aged care employers try to obtain additional workers from outside their organisation. In far fewer instances do we observe skill shortages to be addressed by offering higher wages, indeed the qualitative evidence provides considerable support and explanation to this finding: workers in the aged care sector are instead offered considerable flexibility, which they rate as one of the key drivers in their decision to join the sector. Finally, it is very uncommon that skill shortages are not handled one way or another, to the extent that they force the employer to reduce production and switch to a lower level of activity.

6.3.4 Different responses in residential and community

We note that there are substantial differences between the responses of residential and community employers regarding skill shortages. For example, agency workers are used almost twice as often in the residential sector, while the opposite holds for outsourced work. Although paying higher wages to the current workforce is very scarcely used to address skill shortages, paying the higher wages that are associated with hiring agency workers is very prevalent, which suggests the preference of employers for more flexible contracts.

The core message from the census data is that employers' responses to skill shortages are equally diverse in the two sectors. However, they appear to be addressed by employers more effectively in the residential sector which shows a more settled picture in 2016, and less effectively in the community sector, which shows little progress between 2012 and 2016 in handling its skill shortages.

6.3.5 Handling vacancies

The level of vacancies and how they change over time are invaluable indicators of the position and direction of change in a growing labour market. We see clearly the following two findings: there are fewer aged care vacancies observed in the later 2016 data, and where they appeared in 2016 they were filled quicker. These findings highlight a labour market with easing skill shortages.

We also find that the nature of vacancies has been changing over time in a telling way. The proportion of the most problematic vacancies (the 'hard to fill' ones which tell us that employers have a shortage problem that they cannot resolve) as well as those vacancies that get filled immediately, has been dropping since 2012. In contrast, the proportion of the short-lived vacancies (which allow for the conventional 1 to 4 weeks for selection and processing new hires) has been increasing. This change in the composition of vacancies duration shows a hiring process with less urgency, as the proportion of either too quick or too slow hires reduces in favour of a more conventional 1 to 4 weeks long process.

When all findings on vacancies are put together, they build a picture of a labour market that is gradually settling down and becoming more stable and more capable of handling any skill shortages problems it faces.

6.3.6 Skill shortages by occupation, location and sector

Finally, we find much diversity in skill shortages by occupation, location and sector. We find that nurses in the residential sector are in high shortage, as are care workers in both sectors. We also find that geography is important with metropolitan areas doing much better than the rest of Australia, with some clear indications that very remote provision can be problematic (and particularly for residential care). It is important to note the interdependencies in these findings, which makes it difficult to isolate specific factors that may be responsible for any differences we find.

For example, take the finding that residential care metro employers face far fewer shortages than their non-metro counterparts and the parallel finding that such metro versus non-metro differences are far less pronounced among community care employers. There will be many factors that will explain in part and jointly this critical difference. It could also be that community provision needs fewer RNs. It could be that the average size of residential care facilities will be smaller in the non-metro areas. It could certainly be that non-metro labour markets are thinner. It could be that training and external support is different by location. These are all plausible factors that will exert an influence on the way skill shortages are shaped.

The critical thought here is that all these factors are inter-dependent and they influence one another. Hence presenting them and thinking of them in isolation or in small groupings (in tabulations and cross tabulations) will miss out on much of the explanatory capacity of the data at hand.

As with the rest of the census and survey findings, we note that although tabulations and cross tabulations are essential for describing the data, we need multivariate regression to be combined with our qualitative findings and the descriptive analysis in order to understand some of the more complex labour market workings that underpin the data at hand, and in order to provide the best support for the design of informed policy.

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