3. The Residential Care Workforce

In our 2003 study of the residential aged care workforce we, for the first time, provided a comprehensive picture of the residential aged care workforce. The research reported here updates that picture to late 2007. In addition, it allows us to assess trends in the workforce, which is particularly important for future workforce planning. To provide additional insight into the aged care workforce, where possible we compare it with the whole Australian female workforce (since 93% of direct care workers employed in residential homes are women). We begin with an estimate of the total number of direct care workers in aged care homes. We then show how they are divided among the different occupational groups, the types of employment contracts, the hours worked and preferred, age, health, education and country of birth. In doing so, we draw on data provided by the homes about their staff. We also draw on the responses of the employees. These two sources do not always give the same picture on issues such as the pattern of hours worked. Where there are differences, we discuss these and say which we think is the more reliable.

3.1 Total Employment and Main Workforce Characteristics

3.1.1 Total Employment

The question of how many people work in residential aged care, and how this is changing, is crucial to workforce planning. Table 3.1 shows our 2003 and 2007 estimates of total employment in residential aged care. There has been an increase of about 15.3% in the number of direct care workers employed in the residential homes, slightly higher than the overall 11.5% rise in employment when non-care employees are included. The result is that the proportion of residential home employees involved in direct care rose slightly from 73.8% in 2003 to 76.2% in 2007. The rise in full-time equivalent direct care employees—a more useful measure of overall direct care labour being supplied than the number of employees—was about 3.4%, smaller than the rise in actual employees. Between 2003 and 2007, the number of places in Australian aged care homes rose by about 12.5%, quite close to the rise in direct care employment, but more than the rise in equivalent full-time direct care employment. A steady increase in the average dependency level of home residents since at least 2000 is also well documented (AIHW 2007, Table 3.16).

Table 3.1: Estimated total employment in residential aged care homes

	Total employees	Total direct care employees	Total equivalent full-time direct care employees
2003	156,823	115,660	76,006
2007	174,866	133,314	78,849

Source: Census of residential aged care homes.

Our previous report noted that estimates of total employment in residential aged care at the time varied widely, usually because they arose from larger data collections that did not allow precise identification of the direct care residential aged care workforce. Our new 2007 estimates of the size of the workforce are particularly notable because of their consistency with our 2003 estimates. They add weight to the belief that our approach has produced consistent and accurate measures of the total workforce.

3.1.2 Occupation

Our previous research showed that Personal Carers (PCs) were the single largest occupational group amongst direct care workers in Australian residential homes, an unsurprising result. Our new estimates confirm this pattern. We can calculate the occupational distribution of direct care workers from both our home census and our employee survey. The two sources provide somewhat different pictures. We believe that the data from homes is more accurate, and focus on those results here, especially in assessing change over time.[9]

Since 2003, there has been a significant increase in both the proportion of direct care employees who are PCs and the proportion of all direct care work that is done by PCs (Table 3.2). In 2003, about 59% of employees were PCs and 57% of equivalent full-time (EFT) staff were PCs. By 2007, both these figures had risen to about 64%, indicating that nearly two-thirds of residential home direct care workers are now PCs. The proportion of direct care EFT employees who are nurses declined quite sharply from about 36% to about 29%, with the share of both categories of nurses declining. These patterns are consistent with trend indications from the 2003 survey, which indicated that a greater proportion of new hires were PCs than was the case in the workforce overall. While this partly reflected the higher turnover amongst PCs compared to other staff, it also suggested an increasing use of PCs compared to nurses. Overall, these figures suggest a significant reorganisation of care in residential aged care homes, so that more care is provided by PCs and less by nurses. Moreover, a greater proportion of new hires continue to be PCs, suggesting that the trend towards increased use of PCs will continue.

These shifts in the proportion of direct care workers who are nurses and personal carers corresponds to a fall of about 1,600 in the total number of Registered Nurses employed in residential aged care homes between 2003 and 2007, and a rise of more than 17,500 (or just over a quarter) in personal carer numbers. During the same period, employment of enrolled nurses and allied health workers also rose slightly (by about 700 and 1,000 respectively), though their proportion of total employment and equivalent fulltime numbers fell.

9 In fact, the difference in distributions from the two sources strongly suggests that our employee survey over-represents nurses. This issue is discussed in detail in Appendix 1 of this report.

Table 3.2: Occupation of the residential aged care workforce (employment and distribution), Homes Census, 2003 and 2007 (per cent)

	2003		2007	
Occupation	Number of persons	Equivalent full-time	Number of persons	Equivalent full-time
Registered Nurse	24,019 (21.0)	16,265 (21.4)	22,399 (16.8)	13,247 (16.8)
Enrolled Nurse	15,604 (13.1)	10,945 (14.4)	16,293 (12.2)	9,856 (12.5)
Personal Carer	67,143 (58.5)	42,943 (56.5)	84,746 (63.6)	50,542 (64.1)
Allied Health	8,895 (7.4)	5,776 (7.6)	9,875 (7.4)	5,204 (6.6)
Total number	**115,660**	**76,006**	**133,314**	**78,849**

Source: Census of residential aged care homes.

Note: Estimated total numbers are the estimated total number of workers in each category employed in all Australian aged care homes. Thus, we estimate that altogether, aged care homes employ 24,019 Registered Nurses in 2003 and 22,399 in 2007. The numbers in brackets are per cent of total number in each occupational group. Thus 21.0% of direct care workers were Registered Nurses in 2003, and 16.8% were Registered Nurses in 2007.

3.1.3 Employment Arrangements and Hours Worked

The arrangements through which direct care workers are employed are important for a range of reasons. They can provide an indication of the extent to which employers and employees are able to achieve employment arrangements that suit them, thus acting as an indicator of the state of the labour market. They are also an important measure of the availability of additional labour within the existing workforce.

Table 3.3 shows that the majority of direct care employees in all occupations continue to be employed on permanent part-time contracts, with around 70% of personal carers and 60% of registered nurses being permanent part-time workers. However, this proportion has declined slightly since 2003, when about 62% of RNs and 72% of PCs were employed on such contracts. The proportion of direct care workers on permanent full-time contracts also fell for all occupations, with the result that only 9.1% of all workers (16.6% of RNs and 6.7% of PCs) are now permanent full-time employees. More direct care workers in all occupations are now employed casually than in 2003, with the steepest rise being amongst RNs (from 19.6% of RNs to 23.6%). Our estimates indicate that, although the total number of RNs employed in residential aged care homes fell between 2003 and 2007, the number employed casually rose by over 500. At the same time the number of PCs working on casual contracts rose by just over 6,000 (corresponding to about a third of the increase in PC numbers), so that casuals were 23.4% of PCs in 2007, compared to 20.5% in 2003.

Table 3.3: Nature of employment contract of residential aged care workers, 2007 (estimated total number and per cent)

Employment Contract	Registered Nurse	Enrolled Nurse	Personal Carers	Allied Health workers	Total
Permanent full-time	3,713 (16.6)	1,707 (10.5)	5,697 (6.7)	1,019 (10.3)	12,139 (9.1)
Permanent part-time	13,407 (59.9)	11,882 (72.9)	59,188 (69.8)	6,919 (70.1)	91,393 (68.6)
Casual or Contract	5,279 (23.6)	2,705 (16.6)	19,861 (23.4)	1,937 (19.6)	29,781 (22.3)
Total employees	**22,399 (100)**	**16,293 (100)**	**84,746 (100)**	**9,875 (100)**	**133,314 (100)**

Source: Census of residential aged care homes.

Note: Estimated total numbers are the estimated total number of workers in each category employed in all Australian aged care homes. Thus, we estimate that altogether, aged care homes employ 3,713 Registered Nurses, on permanent full-time contracts. The numbers in brackets are per cent of total number in each occupational group. Thus 16.6% of Registered Nurses are employed on a permanent full-time basis.

More detail about the direct care workers' hours of employment is available from both the census of homes and the employee survey. These sources give different pictures of the patterns, with home responses suggesting many more workers work short hours (1–15 hours per week) and fewer work full-time than do worker responses, irrespective of occupation (Table 3.4(a)). For example, the home census suggests that about 22% of personal carers work short hours and 21% work full-time, compared to 6% and 37% according to the employee survey. Very similar results were found in the 2003 survey and census. While we cannot be certain about which source is more accurate, it seems most likely that the home responses are more reliable. The estimates derived from worker responses will be affected by any bias away from short hours workers in the employee sample, and such a bias seems very plausible for two reasons. Short hours workers may have been less likely to receive questionnaires than others because employers see them less often, and may have been less likely to return questionnaires if they did receive them because they are less engaged with their jobs. For these reasons, we believe the home responses are more reliable.

There is something of a contradiction between home responses on hours worked and the information they provided about full and part-time employment numbers. Table 3.3 indicates that homes said that only 9% of direct care employees were permanent full-time workers, whereas Table 3.4(a) shows that homes' responses imply that 21% worked full-time hours. This suggests that a very high proportion of contract and casual workers are employed full-time hours, or there is flexibility in the hours of work of even part-time permanent employees, or both. This pattern was also noted in the 2003 data.

The distribution of hours of work has not changed much since 2003. The most notable change is an increase in the proportion of PCs who say that they usually work full-time hours (35 or more), from 30% to 37%. However, home returns suggest a much more modest

increase, from 19% working full-time hours in 2003 to 21% in 2007. There are certainly consistent indications that more direct care workers were working full-time hours in 2007 than in 2003. However, the shift was generally very small.

Table 3.4(a): Distribution of hours worked per week, residential aged care workforce, by occupation (per cent)

Hours worked per week	Respondent	Nurse	PC	Allied Health	Total
1–15	Workers response	5	6	8	6
	Homes response	26	22	35	24
16–34	Workers response	51	57	50	55
	Homes response	51	57	48	54
35–40	Workers response	34	31	38	32
	Homes response	21	19	16	19
>40	Workers response	10	6	5	7
	Homes response	2	2	1	2

Source: Census of residential aged care homes and survey of residential care workers.

In Table 3.4(b) we examine whether recently hired workers ('new hires', defined as those who have been in their jobs for one year or less) work different hours from the whole direct care workforce, the preferred hours of workers, and how our sample's hours compare with those of the wider workforce. New hires work much the same hours as the whole direct care workforce. Though we cannot be certain, it seems likely that new hires were working hours closer to those of the whole workforce in 2007 than they were in 2003 (when they worked slightly shorter hours). Compared to the Australian female workforce, aged care workers are much less likely to work long hours (more than 40 per week), and more likely to work part-time. This conclusion is clearer still if we use the home supplied data on hours worked.

Table 3.4(b) also suggests quite significant willingness to work longer hours amongst the residential aged care workforce, with about 39% actually working full-time (more than 34 hours per week) and 47% being willing to work these hours. Table 3.4(c) confirms this view, indicating that some 28% of employees would like to work longer hours, while only 11% would choose to work shorter hours. Around 60% are happy with their current hours. Comparing these results to those from the 2003 survey indicates no significant change. However, there is an intriguing suggestion of increased unused capacity in the aged care workforce, despite the small increase in average hours worked. In 2003, if all workers had worked their preferred hours, hours worked would have increased by about 2%, and if those preferring to work longer had been able to do so with all others continuing to work the same hours, hours worked would have increased by about 7%. In 2007, the equivalent figures are 4% and 7%, suggesting no significant change in unused capacity in this workforce.

Table 3.4(b): Distribution of hours worked, and hours preferred, by the residential aged care workforce, by new hires and by the Australian female workforce (per cent)

	Hours actually worked		Hours desired to work		Hours worked
Hours per week	Whole workforce	New hires	Whole workforce	New hires	Australian female workforce
1–15	6	9	4	5	19
16–34	55	58	49	48	36
35–40	32	26	41	41	29
>40	7	7	6	6	16
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential care workers and, for the Australian data, ABS Labour Force Australia (Detailed Electronic Delivery) catalogue no. 6291.0.55.001 ST EM1, October 2007.

Table 3.4(c): Preferred change in hours residential aged care workforce, 2003 and 2007 (per cent)

Desired change in hours	Per cent of employees wishing to work this number	
	2003	2007
10+ hours less	5.5	4.0
1–9 hours less	8.5	7.5
No change in hours	57.6	60.4
1–5 hours more	13.2	12.2
6–10 hours more	10.5	10.7
11+ hours more	4.6	5.1

Source: Survey of residential care workers.

3.1.4 Age

The 2003 research demonstrated clearly that the aged care workforce was significantly older than the Australian workforce. Table 3.5 shows that the workforce had a somewhat older age profile in 2007 than it did in 2003, though the Australian workforce as a whole aged during this period too. In 2003, 16.7% of direct care workers in our survey were 55 or older, while by 2007 the proportion had increased to 22.5%. However, the proportion under 35 hardly changed during this period, remaining at about 18%, indicating that the main loss was in the 35–54 age group. The ageing of the direct care workforce is broadly evident. For example, the proportion of RNs aged 55 or more rose from 24% to 32% between 2003 and 2007. For ENs, the rise was from 11% to 17%, for PCs it was 15% to 20%, while for Allied Health workers there was a small fall from 35% to 32%. The ageing of all occupational groups preserved the tendency for RNs to be older than PCs or ENs, while ENs were the youngest of the three groups.

Comparing the age distribution of recent hires in 2003 and 2007 shows a move towards hiring at the upper and lower ends of the age distribution, with the proportion of recent hires under 35 rising from nearly 29% in 2003 to nearly 34% in 2007, and the proportion aged 55 and over rising from 11% to 15% in the same period.

Table 3.5: Age of the residential aged care workforce, recent hires, and the Australian workforce, 2003 and 2007 (per cent)

Age	Whole workforce		Recent hires		Australia	
	2003	2007	2003	2007	2003	2007
16–24	6.0	6.1	11.8	14.8	19.5	18.9
25–34	12.4	11.4	17.1	18.8	23.6	21.1
35–44	25.5	22.3	28.6	24.4	23.6	23.3
45–54	39.2	37.6	31.6	26.9	21.3	23.2
55–64	16.1	20.8	10.4	14.3	10.4	11.8
>65	0.8	1.7	.5	.8	1.5	1.7
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential care workers and, for Australian data, electronic version of ABS Labour Force, Australia, Detailed, October 2003.

Note: 2003 whole workforce figures have been recalculated using same weighting principle as 2007.

Overall, these figures confirm a widespread concern that the residential aged care workforce is itself ageing quite rapidly. However, they also indicate that this ageing is in line with the ageing of the wider Australian workforce. Employers appear to be looking to both younger and older workers to fill the vacancies created by workforce ageing.

3.1.5 Country of Birth

In 2007, two-thirds of the direct care aged care workforce was born in Australia, with Australian born workers making up about the same proportion of recent hires. Despite the continuing predominance of Australian born workers, since 2003 there has been a substantial increase in the proportion of the residential direct care workforce that was born outside Australia. In 2003 about 25% of the whole workforce was overseas born, while the proportion increased to about 33% by 2007. The result was by 2007 this workforce had become significantly more likely to be born outside Australia than the Australian female workforce in general. Comparing Table 4.6 with the equivalent table from the 2003 survey suggests that Asian and Islander born workers are the fastest growing group of overseas born workers. However, the numbers for these groups remain small, with workers born in New Zealand, the UK, Ireland or South Africa still making up nearly 30% of overseas born workers. Consistent with the rise in overseas born employees, the proportion of direct care workers who said they were fluent in a language other than English rose from 21% in 2003 to 28% in 2007, with half saying they used this language in their work.

Table 3.6: Country of birth of the residential aged care workforce, recent hires and the Australian workforce (per cent)

Country of birth	Whole workforce	Recent hires	Australia
Australia	67.5	66.4	79.8
New Zealand	3.5	3.9	3.1
UK, Ireland, South Africa	9.2	7.6	8.3*
Italy, Greece, Germany, Netherlands	1.9	1.3	1.9
Vietnam, HK, China, Philippines	5.2	5.2	3.4†
Poland	0.3	0.7	1.2‡
Fiji	1.6	0.9	0.9#
India	1.3	1.8	1.4
Other	9.6	12.3	0.0£
Total	**100**	**100**	**100**

Source: Survey of residential care workers and, for Australian data, ABS Labour Force Australia (Detailed Electronic Delivery) catalogue no. 6291.0.55.001 ST LM6, October 2007.

** Figure includes 'UK, Ireland' and 'Sub-Saharan Africa'*

† Figure includes 'Vietnam', 'China (excluding SAR's and Taiwan Province) and the 'Philippines'

‡ Figure includes 'Rest of Southern and Eastern Europe'

 # Figure includes 'Rest of Oceania and Antarctica'

£ Figure includes 'Other' rather than the remaining ABS 'Country of Birth (detailed)' categories

3.1.6 Health

Self-rated health is widely recognised as a useful indicator of people's actual health. Workers' health is also an important factor in their capacity to do their jobs well and with satisfaction. The 2003 survey showed that the residential aged care workforce had somewhat better self-rated health than the whole Australian population, using a standard measure adopted by ABS. The 2007 results are shown in Table 4.7. They differ little from those in 2003, with nearly two-thirds of those surveyed seeing themselves as having very good or excellent health.

Table 3.7: Self-assessed health of the residential aged care workforce, new hires and the Australian population aged over 15 (per cent)

Self-assessed health	Whole workforce	Recent hires	Australia
Poor	.8	1.1	4.4
Fair	6.1	3.9	11.3
Good	29.9	26.7	27.8
Very Good	42.8	45.3	35.4
Excellent	20.4	23.0	21.0
Total	**100**	**100**	**100**

Source: Survey of residential care workers and, for Australian data, ABS National Health Survey 2004–5.

3.1.7 Education

The level of education of the direct care workforce is an indicator of its skills and capacity for the acquisition of new skills. Beginning with the level of schooling of the workforce, Table 3.8 shows that there has been little change in the profile of the residential direct care workforce. Compared to the overall Australian workforce, residential direct care workers are more likely to have completed at least year 10, though they are no more likely to have completed year 12. In both 2003 and 2007, nearly half of the aged care workforce had finished school at year 10 or 11. In 2007, almost exactly the same proportion of this workforce was currently studying as in 2003—nearly 20%; and, as in 2003, a quarter of recent hires were currently studying. Clearly, this is a workforce in which formal education is well entrenched.

Table 3.8: Highest level of secondary schooling for the residential aged care workforce, new hires and the Australian workforce, and whether currently studying (per cent)

Highest level of schooling	Whole workforce		Recent hires	Australia
	2003	2007	2007	2003
Did not go to school	0.3	0.1	0.3	1.1
Year 8 or below	2.4	3.5	2.1	10.5
Year 9 or equivalent	6.9	7.1	4.2	8.4
Year 10 or equivalent	32.6	31.7	26.9	26.7
Year 11 or equivalent	16.4	15.6	15.3	10.8
Year 12 or equivalent	41.3	42.0	51.2	42.5
Currently Studying	19.0	18.8	25.9	

Source: Survey of residential care workers.
Note: Figures for 2003 have been adjusted to use same weighting principles as 2007.

We have two sources of information about residential aged care workers' post-school qualifications. Workers were asked about their qualifications in the sample surveys. These responses provide the only data on the qualifications of employees other than PCs. For PCs we also have data from homes on the number of PCs holding Certificates III and IV in areas related to their care work. These two sources tell somewhat different stories about the trend in PCs' qualifications.

Focusing first on the results from the workers' survey, it appears that the proportion of residential aged care workers with post-secondary qualifications fell between 2003 and 2007. In 2003 about 13% were estimated to have no post-secondary qualifications, while the proportion in 2007 was 20%. This rise appears for both nurses (from 6% to 12% without post-secondary qualifications) and PCs (from 16% to 24% without post-secondary qualifications). Some of this change may be due to a small change in how we asked about

post-school qualifications.[10] It seems particularly likely that nurses who said they had no post-secondary qualification misunderstood the survey question, since workers require appropriate qualifications in order to be employed as nurses. The same proportion of allied health workers reported having completed post-school qualifications in both years. Examining the pattern of change in qualification prevalence is illuminating. If we focus on PCs, it is clear that there was no decline in the proportion of PCs with qualifications relevant to their jobs and at a level appropriate to their jobs. The proportion of PCs with the Certificate III in Aged Care, generally viewed as the base qualification for PCs, remained virtually unchanged at about 65%.[11] Moreover the prevalence of the Certificate IV in Aged Care almost doubled, with over 13% of PCs having completed it in 2007 compared to about 8% in 2003. However, there was a clear decline in the proportion of PCs with relevant qualifications that would make them clearly overqualified for their jobs (e.g., those with non-degree basic nursing qualifications or post-basic nursing qualifications in aged care). This pattern of change is highly consistent with a tightening labour market, as is the rising proportion with no post-school qualifications.

Amongst nurses, the change in the distribution of post-school qualifications largely reflects two trends. First, there will be a gradual succession of younger, degree trained RNs into positions previously held by older hospital trained RNs. This will produce a rise in the proportion of nurses with degree qualifications in nursing and a decline in the proportion with non-degree basic nursing qualifications, as seen in Table 3.9. The second trend is the rising proportion of Nurses in aged care homes who are ENs rather than RNs, producing a rise in the proportion with EN qualifications.

With regard to the Allied Health workforce, there has been a clear rise in the prevalence of aged care relevant post-secondary qualifications. Thus, the proportion of allied health workers with the Certificate III in Aged Care rose from 26% to about 37%, and the proportion with the Certificate IV doubled from 9% to 18%. The proportion with nursing qualifications, whether degree or not, fell significantly, as did that with other qualifications. Again, these patterns suggest something of a tightening of the labour market, but in a context of well entrenched in-service training that leads to the award of relevant qualifications.

10 In the 2007 survey, respondents were first asked whether they had a post-secondary qualification, with only those who indicated that they did have a qualification being asked to specify that qualification (or qualifications). In the 2003 survey, no filter question was used, and respondents were simply asked to tick the box indicating what qualifications they had. This probably led to a small overestimation of the proportion with lower level qualifications in 2003.

11 The report on the 2003 survey did not provide a figure for the proportion of all PCs who said they had the Certificate III in Aged Care (Richardson and Martin 2004). Instead, in Table 4.9, it indicated the proportion of PCs who said they had the Certificate III in Aged Care *amongst those who had some post-school qualification*. Thus, in 2003, about 79% of PCs who had some post-school qualification reported having a Certificate III in Aged Care, and this equates to about 66% of all PCs having such qualifications as indicated in Table 3.9 above.

Table 3.9: Post-school qualifications of the residential aged care workforce, by occupation (per cent)

Post-school qualification	Nurse		PC		Allied Health		Total	
	2003	2007	2003	2007	2003	2007	2003	2007
No post-school qualifications	5.6	11.8	16.4	23.7	17.1	17.9	12.8	19.8
Certificate III in aged care	7.1	9.7	65.9	64.6	25.5	36.9	42.9	46.6
Certificate IV in aged care	4.9	5.2	7.9	13.3	9.3	17.5	7.0	11.3
Certificate IV/diploma in enrolled nursing	26.6	35.1	2.9	3.4	2.9	2.5	11.0	12.5
Bachelor degree in nursing	23.6	28.3	1.7	1.6	3.9	0.6	9.3	9.3
Other basic nursing qualification	34.6	21.4	7.3	3.8	8.3	4.6	16.7	9.0
Post basic nursing qual in aged care	13.2	10.0	2.8	0.7	3.4	0.8	6.4	3.4
Post basic nursing qual not in aged care	16.2	15.1	1.9	1.1	2.4	0.2	6.8	5.1
Other	9.0	12.3	9.8	13.7	49.0	44.7	12.4	15.6

Source: Surveys of residential care workers.

Note: Because staff can have more than one qualification, the totals do not sum to 100. Figures for 2003 have been adjusted to use same weighting principles as 2007.

Data from homes provide another perspective on PCs' qualifications. Homes' responses indicate that the overall proportion of their PCs with a relevant Certificate III rose significantly from 54.6% in 2003 to 65.3% in 2007.[12] Clearly, this estimate, and the trend it reveals, is different from that we saw based on the worker surveys. It is not possible to be certain which estimate of the trend is closer to the truth. However, it seems most likely that the trend based on home returns, showing an increase in the prevalence of the Certificate III amongst PCs, is most accurate. As we noted above, it is very plausible that a change in the way we asked about post-school qualifications in the workers' survey between 2003 and 2007 would have suppressed the estimated prevalence of qualifications in 2007 compared to 2003, especially for lower level qualifications. There is no such obvious reason to think the trend evident from the home returns might be wrong. We therefore place more weight on the results from this latter source. Finally, we should note that home responses indicate that the proportion of PCs with a relevant Certificate IV rose from 5.4% to 8.8%.

12 A small part of this change will be due to a shift in how the question was asked. In 2003 it referred only to the Certificate III in Aged Care, while in 2007 it referred to a Certificate III 'related to their direct care work'. The only other significant Certificate III that the 2007 questionnaire could include is the Certificate III in Home and Community Care. The employee survey indicates that only 1.3% of PCs had this certificate but not the Certificate III in Aged Care.

3.1.8 Summary

In large measure, the picture we developed of the residential aged care workforce from 2003 remained accurate in 2007. Residential direct care workers are almost all women, they are most likely to be employed on permanent part-time contracts and work 16–34 hours per week, be employed as PCs, have some relevant post-secondary qualifications (usually a Certificate III in Aged Care), be aged 45 or over, and have been born in Australia. In fact, some of these characteristics of the 'average' worker have become even more typical: PCs make up a larger proportion of the workforce, slightly more have a relevant post-secondary qualification, and more are aged 45 or over. However, in a couple of areas, the workforce has become slightly less like this typical picture: employees in 2007 were more likely than in 2003 to be employed casually and slightly more likely to be working full-time, and less likely to have been born in Australia.

3.2 The Main Characteristics of the Work

3.2.1 Shifts and Shift Preferences

The shifts aged care staff work, and how these shifts correspond to their preferences, are widely recognised as being important in recruitment and retention of staff. Residential aged care homes, by their nature, need to have staff working at all hours. Arranging shifts to optimise the needs and desires of all staff is undoubtedly one of the many challenging tasks faced by managers in aged care homes.

Table 3.10 shows the various types of shifts worked by each occupational group, how many would like to work different shifts, and what their preferences would be. A little over half of nurses and just half of PCs work a regular daytime shift, with most of the remainder working either a regular evening or rotating shifts. Almost all allied health workers work a regular daytime shift. The main change since 2003 has been a rise in the proportion of PCs working a regular daytime shift (from just over 40% in 2003 to 51% in 2007) and a corresponding fall in the proportion working a rotating shift (from around 27% in 2003 to 20% in 2007).

Almost all residential aged care workers were employed on the work schedule they preferred in 2007, with less than 10% wishing to change their shift arrangements. This is a very significant change from 2003 when 40% of nurses, nearly 55% of PCs, and nearly 30% of allied health workers wanted to change their shift arrangements. This change can be expected to contribute to employees' job satisfaction and their inclination to remain in their jobs. It is consistent with a significant tightening of the labour market, one that requires employers to accede to workers' shift preferences in order to attract and retain them.

Table 3.10: Actual and desired work patterns of residential aged care workers, by occupation (per cent)

	Nurse		PC		Allied Health	
Work schedule	Actual	Desired	Actual	Desired	Actual	Desired
A regular daytime shift	57.1	4.1	50.6	5.2	95.6	–
A regular evening shift	12.5	1.2	14.0	1.5	0.4	–
A regular night shift	5.8	0.4	5.3	0.7	0.2	–
A rotating shift	16.2	1.3	19.7	1.3	1.7	–
Split shift	0.5	0.2	0.6	0.3	0.2	–
On call	0.6	0.0	1.3	0.0	0.4	–
Irregular schedule	5.1	0.3	6.7	0.3	1.1	–
Other	2.1	0.9	1.8	0.5	0.4	
No change		91.5		90.2		97.5

Source: Survey of residential care workers.

3.2.2 Terms of Employment

The type of contract on which workers are employed, whether permanent, fixed term or casual, is often regarded as an important indicator of the difficulty employers have in filling positions. Where employers face more difficulties, it is often assumed, they find it necessary to offer more attractive terms of employment, particularly ones that are permanent rather than temporary (such as casual or fixed-term contracts). However, there is some debate about whether this assumption is appropriate in Australia, particularly with respect to casual employment. In particularly tight labour markets where some employees have relatively weak attachment to the labour market or where they have significant demands on their time outside work, they may prefer casual contracts because of the flexibility this provides them. In addition, Australia is unique in its common practice (included in awards) of paying a higher hourly wage to workers employed on casual terms (to compensate for absence of paid leave) and this additional cash payment is attractive to some. We have information about the residential aged care workers' terms of employment from both the homes census and the workers' survey. Whatever source we use, it is clear that the level of casual employment amongst the residential aged care workforce remains quite low compared to the 28% of all Australian female employees on casual contracts.

However, the data from homes and workers suggest different trends in the use of casual contracts. The data from employers suggests that there have been small increases in the proportion of all direct care staff who are employed casually or on limited term contracts (see above). However, as Table 3.11 shows, the proportion of the residential aged care workforce that says they are employed casually fell, particularly for PCs. The apparent difference between employer and employee responses could be due to a rise in the use of limited term contracts, though this is unlikely since almost no employees said they were employed on limited term contracts in 2007. Using the criterion for casual employment that

ABS has long employed, whether an employee is entitled to paid sick leave, gives another picture. It suggests that the level of casual employment changed little between 2003 and 2007. A possible interpretation of these rather confusing responses is that workers think of themselves as casually employed if they have no ongoing expectation of employment, rather than if they are formally employed on a casual rather than a permanent contract. Thus, the declining proportion that describes itself as casually employed indicates that more assume their employment is ongoing, even though their formal contracts may be temporary. This interpretation would be consistent with the tightening labour market suggested by other indicators. It would imply that if employers are employing more workers on contracts that are formally casual (as they indicate), this is because workers want the flexibility that goes with such contracts, rather than primarily because of the flexibility it offers employers.

Table 3.11: Terms of employment of the residential aged care workforce (per cent)

Terms of employment	Nurse		PC		Allied Health		Total	
	2003	2007	2003	2007	2003	2007	2003	2007
Casual	8.3	7.8	17.2	10.4	8.5	5.0	13.4	9.3
No paid sick leave	7.7	8.3	12.7	11.3	5.3	4.5	10.3	9.9

Source: Survey of residential care workers.

Note: Figures for 2003 have been adjusted to use same weighting principles as 2007.

3.2.3 Job Tenure

The tenure of a workforce is an important issue for employers, workforce planning, and workers. High levels of turnover, and corresponding short tenure, mean that employers need to expend considerable effort in replacing departing employees, workers do not gain the commitment and satisfactions that often go with longer tenure, and residents have to deal with constantly changing faces. The 2003 census and survey found that the aged care workforce had relatively high turnover levels, with overall turnover at nearly 25% per annum and PCs having the shortest job tenure of the main direct care occupations. Very little has changed. It appears that turnover may have increased slightly, particularly for PCs and ENs, but the changes are very small. The residential aged care workforce continues to display slightly higher turnover rates than their counterparts in the rest of the economy, with the proportion of Australian women with tenure of less than 1 year being 23.1% in 2006 (ABS 2006). On the other hand, a tightening of the residential aged care labour market might have produced a sharp increase in turnover, as workers changed jobs to achieve higher wages or better conditions. This does not appear to have happened, suggesting either that labour market tightening has been limited, or that employers have been willing to improve wages or conditions to retain workers who might otherwise leave. Certainly, the latter possibility is consistent with the sharp rise in the proportion of residential direct care employees who are able to work the shift arrangements they prefer.

Table 3.12: Tenure in current job of the residential aged care workforce, by occupation (per cent)

Tenure in current job	Registered Nurses		Enrolled Nurses		PCs		Allied Health		Total	
	2003	2007	2003	2007	2003	2007	2003	2007	2003	2007
Less than 1 year	21.4	21.4	17.5	18.8	26.0	27.8	23.5	22.6	23.7	25.2
1 to 5 years	41.2	43.8	39.4	39.3	48.1	48.5	45.9	47.6	45.3	46.5
6 or more years	37.4	34.8	43.1	41.8	26.0	23.7	30.6	29.8	30.9	28.4

Source: Survey of residential aged care workers.

3.2.4 Wages

Wages are a crucial factor in all labour markets. Combined with conditions and non-financial rewards, they have large effects on workers' willingness to accept jobs and to stay in them. They are also the major influence on the living conditions of the households of most workers. Detailed consideration of wages, such as whether aged care workers are well rewarded for their work compared to other workers, is beyond the scope of this report. However, we present the basic distribution of weekly wages. Nurses are much more likely than other workers to be in the upper of our pay brackets. Indeed, nearly all those earning over $1,000 per week in 2007 were nurses. Two-thirds of PCs earn between $500 and $1,000 per week, while just over half of allied health workers earn this much. Only the nurses have any numbers earning over $1,000 per week. The wages reported below are determined by both the workers' hourly pay and their weekly hours worked. It is very likely that the relatively high proportion of Allied Health workers who have a weekly wage between $1 and $500 is the result of low hours worked.

Table 3.13: Weekly wage in current job of the residential aged care workforce before deductions, by occupation (per cent)

Weekly wage ($)	Nurse	PC	Allied Health	Total
1–500	14.3	31.4	40.4	27.1
501–1000	57.4	67.3	56.4	63.7
1001–1500	24.4	1.2	3.1	8.0
1501–2000	3.7	0.1	0.0	0.1
2000+	0.2	0.0	0.0	0.1
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

3.3 Career Paths

The pathways through which workers arrive at their jobs are a central aspect of the dynamics of labour markets, and of the ability of employers to find the workers they need. Information about workers' routes into their jobs may suggest both how common pathways can be smoothed or enhanced, and where untapped labour resources may lie. The 2007 residential aged care workers survey collected new data on employees' pathways into their current jobs, including information about when they first began working in aged care, the total amount of time they have worked in aged care, and what occupations they held before working in aged care. In this section, we present this new information.

While we have previously examined the tenure of workers in their current jobs, this does not indicate whether they had previously worked in the field, and in what capacity. Table 3.14 shows that, while many current workers had worked in aged care before their current jobs, employers are recruiting many new employees from outside the existing aged care workforce. This is particularly striking amongst PCs, with just over half not having worked in the field before their current job. But the proportions are substantial for nurses and allied care workers too, with a third of nurses and 40% of allied health workers not having worked in aged care before their current jobs.

Unpaid aged care work is sometimes thought to be a route into paid work in the field. Table 3.14 suggests that this is currently rarely the case for nurses, though it may be a more important route for PCs and allied health workers. It is likely that a higher proportion than the 7–8% of each of these groups shown in Table 3.14 began by doing unpaid aged care work, since this table refers only to the aged care job workers had before their current one.

Table 3.14: Proportion of residential aged care workers who had worked in aged care prior to their current job (per cent)

Had worked in aged care before?	Nurses	PCs	Allied Health	All direct care workers
Yes, paid work	65.1	40.4	52.7	48.5
Yes, unpaid work	1.6	7.6	6.8	5.8
No	33.3	51.9	40.5	45.7
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Though many workers will have no prior relationship with an employer before finding a job, some have relationships with employers that pre-exist the beginning of their current job. This may occur because they have previously worked for the employer, left their jobs, and then seek to return. Alternatively, workers may have done unpaid work for an employer, and then been successful in obtaining a paid position. In either case, workers' or employers' use of these previous relationships to fill vacancies smoothes the operation of labour markets. It is likely to benefit both worker and employer because each knows much more about the other's characteristics than would be the case if they did not have a pre-existing relationship.

Residential aged care workers often had relationships with their present employer before obtaining their current job (Table 3.15). Nearly a quarter of nurses and PCs had worked for their current home before obtaining their present job, whether the work was paid or unpaid. Nurses' previous relationships with homes have usually been in paid work. However, PCs were slightly more likely to have done unpaid or volunteer work for their home before their current job than to have done paid work for it. Unpaid work may be a more significant pathway into an initial aged care job, especially since Table 3.15 refers only to workers' current jobs, not their first ones.

These results suggest that many residential aged care workers either move in and out of the workforce, or circulate from one home to another. It indicates that they quite often return to homes for which they had previously worked when they want to change jobs or re-enter the labour force. This pattern may also reduce the problems caused by the fairly high turnover rates previously noted. Homes may be able to replace up to a quarter of the workers who resign by drawing from a pool of direct care workers who had previously worked for them, either as volunteers or in paid jobs. This is likely to decrease both the monetary and non-monetary costs of replacing workers.

Table 3.15: Proportion of residential aged care workers who had worked for their current home before obtaining their current job (per cent)

Had worked for home previously?	Nurses	PCs	Allied Health	All direct care workers
No	77.3	77.5	71.5	77.0
Yes, paid work	20.9	10.1	20.1	14.0
Yes, unpaid or volunteer work	1.8	12.2	8.2	8.9
Yes, paid and unpaid work	0.0	0.2	0.2	0.1
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

The fact that many current residential aged care workers had worked in the field before their current jobs raises the issue of how much time workers have actually spent in aged care work. Distinct from tenure in their current job, this provides an indication of workers' total experience in the field. As Table 3.16 shows, long experience in aged care is particularly common for nurses. Nearly two thirds had worked in aged care for 10 years or more, and one third had done so for 20 years or more. In contrast, only about 37% of PCs had been working in aged care this long, with Allied Health workers falling between PCs and Nurses. The overall experience in aged care reflected in Table 3.15 is greater than a simple focus on the tenure of workers' current job would suggest. For example, some 36% of nurses said they had been in their current positions for 10 years or more, compared to the nearly two-thirds who had this much experience in the aged care field. Although PCs generally had less aged care experience than nurses, they show a similar pattern. While about 52% of PCs said they had been in their current job less than 5 years, only 37% had less than 5 years experience in aged care.

Table 3.16: Total years for which residential aged care workers have been working in aged care, by occupation (per cent)

Total years working in aged care	Nurses	PCs	Allied Health	All direct care workers
1 or less	3.7	12.1	3.6	9.0
2–4	13.5	25.2	17.7	21.2
5–9	18.3	25.3	25.9	23.3
10–14	16.9	15.7	19.2	16.3
15–19	15.3	9.1	17.9	11.5
20 or more	32.3	12.6	15.8	18.6

Source: Survey of residential aged care workers.

We have already noted that many residential aged care workers had not worked in aged care before their current jobs. Table 3.17 shows workers' occupations before their first job in aged care. First, very few workers take aged care jobs as their first occupation; PCs are the most likely to do this, but only 11% had not worked for pay before their first aged care job. The pathways of Nurses and PCs into aged care work are quite different. Sixty percent of nurses had worked as nurses in other settings before working in aged care, with only about a third having worked in non-nursing occupations immediately before starting in aged care. In contrast, PCs had worked in a range of previous occupations, but most commonly in lower white collar jobs not requiring post-school qualifications where women predominate. Almost half (45%) of PCs had worked in either sales, clerical work, other care work, hospitality work, or cleaning before commencing aged care work. [13] Allied Health workers also come to aged care from a range of previous occupations.

As we have already observed, many aged care workers had worked in aged care before their current jobs. The reasons workers leave one job and take another in the same industry provide a window on the extent to which employers might reduce turnover by altering aspects of how workers are employed or how work is organised. Table 3.18 indicates that some of the main reasons aged care workers leave their jobs could be ameliorated by home management, while many could not. Amongst the most commonly cited reasons are relocation, a desire to be closer to home, and the need to fulfil care responsibilities (such as having a baby). Together, these reasons account for nearly half of PCs' most important reasons for leaving jobs, while they are also important for other workers too. They reflect the ways paid work is embedded in other aspects of workers' lives, a particularly relevant issue when almost all workers are women whose domestic responsibilities tend to be greater than men's. However, other considerations were also important. Seeking more congenial hours or shifts, or higher pay, together explained 20% of PCs moves. These reasons also explained a significant proportion of the moves of nurses and allied health workers. Some workers moved seeking greater fulfilment through more challenging work, though the number was quite small. Some issues were rarely cited as reasons for changing jobs. Few

13 We do not know whether workers moved directly into aged care from these occupations, or whether they spent some time out of the paid labour force before beginning work in aged care. Of course, some will have followed each of these pathways.

left because of problems in relationships with managers or co-workers, with these reasons being particularly uncommon amongst PCs. Few said they had left because they could not spend enough time with residents, although, as we see below, many workers complain about this. And about 1 in 20 cited stress as a reason for leaving a previous job.

Table 3.17: Occupation of residential aged care workers before first aged care job, by occupation (per cent)

Last occupation before first aged care job	Nurses	PCs	Allied Health	All direct care workers
No previous paid employment	6.7	11.2	7.7	9.6
Nurse in other setting	59.8	6.2	4.4	21.9
Carer in other setting	3.5	9.3	10.0	7.6
Salesperson	4.6	8.2	7.3	7.1
Clerical worker	4.1	10.5	12.1	8.7
Hospitality worker (waitress, etc.)	3.7	11.1	8.1	8.7
Cleaner	1.0	6.6	4.2	4.8
Professional (other than nurse)	2.5	3.9	13.4	4.2
Manager	2.1	2.9	4.0	2.8
Other paid employment	11.9	30.0	28.8	24.6
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Although these data provide useful insight into why aged care workers move from one aged care job to another, they do not directly indicate why some leave the field altogether. It is possible, for example, that many PCs who leave the aged care industry do so when these jobs no longer fit with their non-work lives, as, for example, when their families relocate or care demands in their private lives change. In a labour market where PCs are able to find other jobs that provide a better fit with their non-work activities, perhaps in the occupation from which they came to aged care work, they may choose to change jobs. While such pathways would be consistent with the results in Table 3.18, and other indicators of a tightening labour market for PCs, we cannot say with certainty that they are common. On the other hand, if, for example, many workers leave aged care work permanently because of occupational injuries, this will not be evident from the data in Table 3.18. Research based on exit interviews with departing PCs may be illuminating here.

Table 3.18: Most important reason for leaving previous aged care job, residential aged care workers, by occupation (per cent)

Most important reason	Nurses	PCs	Allied Health	All direct care workers
Other: relocated/ moved/migrated	13.7	17.8	18.8	16.3
To be closer to home	15.2	17.5	9.6	16.0
To get shifts or hours of work I wanted	12.9	15.1	9.2	13.8
To find more challenging work	12.2	9.1	15.7	10.8
To fulfill care responsibilities (including having a baby)	8.8	10.1	7.7	9.4
To avoid managers or management I did not get along with or like	7.9	3.3	9.6	5.5
To achieve higher pay	5.2	5.2	2.7	5.0
The job was too stressful	6.6	3.8	5.7	5.0
Other: redundant/ retrenched/ contract finished/home closed	4.9	3.5	5.7	4.2
Other: study	4.1	0.9	3.4	2.3
Not able to spend sufficient time with residents	1.5	2.0	3.4	1.9
To avoid workmates or colleagues I did not get along with or like	1.2	1.8	2.7	1.7
To find easier work	0.8	1.1	0.8	1.0
Other	4.9	8.7	5.0	7.0
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Note: Categories above that begin with 'Other:' were not explicitly offered to respondents in the question; they are a summary of common responses written in to an unspecified 'other' category in answers.

The age at which workers begin working in aged care has a large impact on the overall age structure of the workforce. If workers typically begin their aged care careers when they are mature, then the relatively old profile of the workforce is probably sustainable. Table 3.19 shows that, indeed, many aged care workers first begin working in the field at relatively advanced ages. Around 40% of PCs and allied health workers did not start their aged care careers until they were 40 or older. Nurses were the most likely to begin aged care work at younger ages, though over half did not start before they turned 30 (62% of RNs began aged care work after they turned 30). Given that most nurses, particularly RNs, complete their basic training and begin nursing work in their early 20s, it is clear that aged care work is frequently a later career choice for nurses.

Table 3.19: Age at which residential aged care workers began working in aged care, by occupation (per cent)

Age	Nurses	PCs	Allied Health	All direct care workers
21 or under	20.3	17.9	15.5	18.4
22–29	24.4	15.6	14.8	18.1
30–39	28.9	28.0	28.8	28.4
40–49	20.3	29.7	30.3	27.0
50+	6.1	8.8	10.6	8.1
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Table 3.20 shows that how long workers have worked in aged care is strongly associated with the age at which they began their aged care careers, an unsurprising finding.[14] However, recruiting workers at younger ages may make only a small difference to the number of years they ultimately spend working in aged care. For example, on average, PCs recruited in their 30s have spent only a year less in aged care than those recruited after 21. Similarly, there is little difference in aged care career length for allied health workers whether they began aged care work in their 20s, 30s, or 40s. Even amongst nurses, those beginning aged care work in their 20s have spent only about 2 years more in the field than those beginning in their 30s. These patterns suggest that, for whatever reasons, there may be limits to the amount of time most workers are prepared to undertake aged care work.

Table 3.20: Average number of years of working in aged care by age at which residential aged care workers began working in aged care, by occupation

Age at which began working in aged care	Nurses	PCs	Allied Health	All direct care workers
21 or under	17.5	11.2	17.2	13.6
22–29	17.0	10.8	11.7	13.3
30–39	14.8	9.8	11.8	11.5
40–49	10.1	7.1	10.4	8.0
50+	6.9	5.7	6.9	6.1
Total	**14.5**	**9.1**	**11.7**	**10.8**

Source: Survey of residential aged care workers.

Note: this table shows, for instance that nurses who began working in aged care at age 21 or less have spent an average of 17.5 years working in aged care overall. It also indicates that the average number of years all nurses had worked in aged care was 14.5 years.

14 The results in this table need to be interpreted with some caution, since they show only workers who are currently working in aged care, and therefore do not indicate the final total years spent in aged care by those beginning aged care work in each age group. In particular, changes over time in the age at which workers begin their career will affect these final achieved career lengths.

As we have seen, aged care workers often begin their careers in aged care when they are relatively mature workers. Therefore changes over time in the age at which they typically begin aged care work provide an indication of whether the workforce's relatively older age profile is likely to lead to particular recruitment problems. If the age at which workers begin working in aged care homes remains fairly constant, then the more mature profile may not be a particular concern. Indeed, it may be seen to have advantages for the quality of care. Indeed, Table 3.21 confirms that residential aged care homes have never recruited workers new to the industry from new entrants to the labour market. In recent years, the average age of RNs taking their first aged care job has been over 40, and PCs newly entering the field have had average ages of about 37. Table 3.21 suggests that, with the exception of RNs, the average age at which aged care workers begin their aged care careers was not markedly different for those commencing between 2004–2007 than it was for those commencing in earlier periods.[15] If anything, PCs seem to have been becoming younger when they start aged care work. However, it seems very likely that, at least since about 1999, RNs recruited to the field have been significantly older than in the 1990s. In short, the age structure of the residential aged care workforce is much more a reflection of the older age at which workers begin their aged care careers than of any particularly dramatic ageing of that workforce.

Table 3.21: Average age at which current residential aged care workers began working in aged care by year in which began aged care work, by occupation

First year in aged care	RNs	ENs	PCs	Allied Health	All direct care workers
1988 or before	28.4	23.5	26.0	26.5	26.2
1989–1998	34.6	32.4	35.1	38.0	35.0
1999–2003	40.0	34.3	37.5	38.8	37.5
2004–2007	42.4	32.4	36.6	39.9	37.0
All years	33.9	29.3	34.6	35.5	33.9

Source: Survey of residential aged care workers.

Note: this table shows, for instance that RNs who began working in aged care before 1988 were, on average, 28.4 years old when they began working in aged care.

3.4 How Aged Care Staff Feel About Their Work

How workers feel about their work has effects on the effort they apply to their jobs, their inclination to stay in them, and employers' ability to recruit new workers, whatever the field. In 2007, we asked workers about how they evaluated various aspects of their work in the

15 The figures in Table 3.21 should be interpreted with caution. Because they are based on responses from the current workforce, they do not indicate the average age of all aged care workers who began work in the designated periods. Insofar as workers who were older when they first began working in aged care were more likely to have left the workforce before 2007, the figures will be more inaccurate for earlier periods than later ones. In particular, the apparently younger age of recruitment of workers who began working in aged care before 1989 will be largely due to this effect.

same ways as in the 2003 survey. In general, we found very little change in this respect, with no evidence at all of worsening experiences. In some areas there appear to have been small improvements in workers' evaluation of their workplace experience. We also asked about some aspects of their work experience that were not examined in 2003, particularly workers' view about the quality of support from management and other workers, and the quality of relationships with them.

3.4.1 Doing the Work

By definition, caring for residents is the main purpose of aged care workers' jobs. Whether they feel they have enough time to do this work is therefore an important aspect of their experience of the work. The 2003 survey found that the majority of direct care workers felt that they were not able to spend enough time with residents. This pattern continued in 2007 (Table 3.22). More than half of respondents in each occupation disagreed with a statement suggesting that they were able to spend enough time with each resident. However, between 2003 and 2007, there was a small increase in the proportion indicating that they could spend enough time with residents, particularly amongst nurses (for whom the proportion rose from about 13% to 23%).

Table 3.22: Responses of the residential aged care workforce to the question "I am able to spend enough time with each resident" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	58.4	51.3	52.0	53.4	50.0
Neither agree nor disagree	18.4	22.8	18.4	21.2	21.6
Agree	23.2	25.9	29.6	25.4	28.3
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Many direct care workers spent substantial parts of their work time in tasks other than direct caring, as Table 3.23 shows. About a quarter of nurses, just over half of PCs and 40% of Allied Health workers say they spend more than two thirds of their time in direct care tasks. These figures are much the same as in 2003, with only PCs showing any sign of increased time spent in direct care work (rising from 50% to 55% spending more than two thirds of their time directly caring).

Together, these responses show that there has been little change in a pattern highlighted by the 2003 survey: that many residential direct care workers feel that they do not have sufficient time or opportunity to engage in the caring tasks for which they were employed. Since, as we confirm below, aged care workers derive much of their job satisfaction from feeling that they do a good job in providing care to the elderly, it remains of substantial concern that workers feel they are not able to do the job to their satisfaction. Especially in an industry that is unlikely to be able to compete with other potential employers on wages or employment conditions, this issue must remain central to workforce planning.

Table 3.23: Responses of the residential aged care workforce to the question "In a typical shift, how much time do you spend in direct caring?" by occupation (per cent)

Time spent caring	Nurse	PC	Allied Health	Total
Less than a third	36.1	11.6	17.4	19.2
Between one third and two thirds	40.2	33.0	43.7	35.9
More than two thirds	23.7	55.4	38.9	44.9
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Feeling pressure to work harder is widespread in the Australian workforce, as in many equivalent countries. As Table 3.23 shows, it is a feature of the residential aged care workforce. Half of nurses, 45% of PCs and 40% of Allied Health workers feel under pressure to work harder in their jobs. These figures are very close to those found in the 2003 survey. Workers feeling under pressure to work harder, yet unable to spend the time they would like in caring work, are unlikely to be able to take on additional responsibilities or tasks. In other words, these results continue to indicate that few residential aged care workers will be in a position to take on greater workloads. Indeed, given the impact of perceived insufficient time for caring and work pressure, it is likely to be counterproductive to do so, both in terms of workers' job satisfaction and retention.

Table 3.24: Responses of the residential aged care workforce to the question "I feel under pressure to work harder in my job" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	32.0	36.3	42.0	35.5	39.6
Neither agree nor disagree	18.1	18.4	18.2	18.3	21.0
Agree	49.9	45.2	39.8	46.2	39.4
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

On a more positive note, aged care workers continue to feel that they have the skills they need to do their jobs, and that their skills are being used in their jobs. Well over 90% of aged care workers in all occupational groups believe they have the skill they need to do their jobs. Moreover, almost the same proportion believes their skills are used in their jobs. It is notable that nurses are the most equivocal on this score, with nearly 15% implying that their skills are not well used in their jobs. Fewer PCs and Allied Health workers feel this way. Aged care homes may have become slightly more efficient at using the skills of their direct care workers, since the proportion who say that many of their skills are not used has declined slightly (e.g., from

about 10% for nurses in 2003). Nevertheless, the overall picture is clearly one of a workforce that feels confident in its skills, and satisfied that those skills are being used.

Table 3.25: Responses of the residential aged care workforce to the question "I have the skill I need to do my job" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	0.9	2.3	2.5	1.9	2.8
Neither agree nor disagree	3.0	4.3	4.9	4.0	7.2
Agree	96.1	93.4	92.6	94.1	90.0
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Table 3.26: Responses of the residential aged care workforce to the question "I use many of my skills in my current job" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	5.5	2.4	3.0	3.3	5.0
Neither agree nor disagree	8.6	4.3	5.3	5.6	7.2
Agree	86.0	93.3	91.7	91.1	87.9
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Workers who feel that they have control over important aspects of their work are likely to be more committed to it, to perform better, and to remain in their jobs. The 2003 survey showed that many aged care workers do feel this autonomy, with about 55% of nurses, 44% of PCs and 80% of Allied Health workers agreeing that they have a lot of freedom to decide how to do their work. The picture was similar in 2007, though a slightly higher proportion of nurses and PCs agreed with the statement. Although the change is small, it indicates that any change in how work is organised in aged care homes is not reducing autonomy, and may be increasing it. While the situation is not getting worse, employers would be wise to consider how to increase the degree of autonomy among their PCs. It is firmly established in the health literature that low levels of autonomy, especially when combined with stress and expectations of a high level of effort, are damaging for worker health.

Table 3.27: Responses of the residential aged care workforce to the question "I have a lot of freedom to decide how I do my work" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	17.5	26.6	10.2	22.7	24.9
Neither agree nor disagree	19.7	24.4	13.2	22.2	24.7
Agree	62.7	49.0	76.6	55.0	50.4
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Workers who feel stressed in their jobs are unlikely to perform at their best, are more likely to leave their jobs, and often experience work as a negative influence in their lives. Stress in aged care jobs may arise for a variety of reasons. It is often related to an overload of tasks, when employees feel unable to complete much of their work satisfactorily. We have already seen that many aged care workers feel under pressure to work harder. Stress in aged care jobs may also arise because of the nature of the work. For example, if workers feel unable to successfully care for residents, or to make their lives better. However, aged care workers feel that they have the skills they need to do their jobs, as we have seen, and they get satisfaction from the caring work they do. Whatever the cause, a large proportion of aged care workers (from 42% of Allied Health workers to 47% of nurses) agreed that their jobs were more stressful than they had ever imagined (Table 3.28). This is a strong statement of stress level, and suggests that stress may be a serious issue for a substantial minority of aged care workers.

Table 3.28: Responses of the residential aged care workforce to the question "My job is more stressful than I had ever imagined" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	33.7	37.3	39.9	36.5	48.6
Neither agree nor disagree	19.4	19.7	18.3	19.5	18.5
Agree	46.8	43.0	41.8	44.0	32.9
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Aged care workers have very low satisfaction with their pay compared to similar other workers. This appears to be based in a feeling that their pay does not reflect the importance of the jobs they do. Other forms of appreciation of their work and commitment are therefore particularly important for these workers. Table 3.29 indicates that more than half of aged care workers do feel that their efforts and achievements are respected and acknowledged. This feeling is more common amongst Allied Health workers, with PCs being least likely

to express it. Indeed, nearly a quarter of PCs disagree with the statement that their efforts and achievements are respected and acknowledged. These results indicate that there is substantial scope to make aged care workers, particularly PCs, feel better recognised for the difficult work they do.

Table 3.29: Responses of the residential aged care workforce to the question "Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Disagree	19.6	22.5	15.7	21.2	16.7
Neither agree nor disagree	17.0	18.9	17.7	18.2	20.1
Agree	63.3	58.6	66.6	60.6	63.2
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

3.4.2 Workplace Relationships

The quality of workplace relationships, both between managers and workers and amongst workers, has lasting effects on many aspects of work and labour markets. When relationships are good, workers tend to have higher job satisfaction, are more likely to remain in their jobs and perform better. Research generally finds that employees are more likely to view these relationships positively than negatively, though there is variation between groups of employees. The 2007 workers survey asked three questions related to these issues (these were not asked in the 2003 survey), and the results are shown in Tables 3.30, 3.31 and 3.32.

About two thirds of direct care workers in residential homes describe the relationships between managers and employees in their workplaces positively. Employees were asked about these relations in two different questions, and the picture is remarkably similar irrespective of which is used (Tables 3.30 and 3.31). Nurses, PCs and Allied Health workers have very similar views about management/worker relationships. However, about 15–20% of direct care workers express negative views about these relationships, indicating that a significant minority of homes could do much better in this domain. Data collected on a national sample of all workers in 2005 produces similar results. In the Australian Survey of Social Attitudes (AuSSA), 71% of female workers viewed worker / management relationships as 'very good' or 'good', and 12% saw them as 'bad' or 'very bad'.[16] This comparison suggests that aged care workers may be slightly more likely to see worker / managements relationships as negative than the female workforce in general, but the difference is small.

16 The question in the AuSSA survey was identical to that used in the 2007 residential aged care workers survey, except that the AuSSA survey gave 6 answer choices (including 'can't choose') each labelled with a meaning (e.g., 'bad', 'very bad'), whereas the aged care survey asked respondents to rate the relationships on a scale from 1 ('very bad') to 7 ('very good').

Table 3.30: Responses of the residential aged care workforce to the question "Management and employees have good relations in my workplace" by occupation (per cent)

Response	Nurse	PC	Allied Health	Total
Disagree	19.4	19.8	18.0	19.6
Neither agree nor disagree	17.3	18.1	16.5	17.7
Agree	63.4	62.1	65.5	62.7
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Table 3.31: Residential aged care workforce assessment of quality of relationships between managers and workers by occupation (per cent)

Response	Nurse	PC	Allied Health	Total
Bad	15.2	14.9	12.4	14.8
Neither Good nor Bad	18.1	18.2	20.9	18.4
Good	66.6	66.8	66.7	66.8
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

Table 3.32 shows that aged care workers are overwhelmingly positive about the quality of relationships between workmates in the homes where they are employed. Nearly 80% of every occupational group rate these relations as good, with less than 10% saying they are 'bad'. Again the results are similar to those from AuSSA, where 85% of women workers rated these relationships positively, and 2% saw them negatively. While the picture of these relationships in aged care homes is generally positive, there is a small number of workers who see them negatively. In particular, the 8% of PCs who see 'bad' relationships between workmates suggests that a few homes may have significant problems in this area.

Table 3.32: Residential aged care workforce assessment of quality of relationships between workmates/colleagues by occupation (per cent)

Response	Nurse	PC	Allied Health	Total
Bad	5.6	8.4	6.4	7.4
Neither Good nor Bad	14.0	14.3	14.7	14.2
Good	80.4	77.3	78.9	78.3
Total	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

3.4.3 Job Satisfaction—The Conditions of Work

Job satisfaction is a widely recognised and important indicator of workers' evaluation of the quality of their jobs. It is frequently measured on a number of dimensions (e.g., pay, job security, hours of work, etc.). Surveys generally find that employees are more likely to be satisfied than dissatisfied with their jobs, in all their aspects. This is because respondents generally answer these questions in relative terms—they respond on the basis of how aspects of their jobs compare with what they believe they might reasonably hope for. For example, workers in jobs that may be considered boring and repetitive compared to those of most other workers will often express satisfaction with the nature of their work because, given their qualifications and experience, they do not believe they could reasonably expect better. The 2003 survey generally found levels of job satisfaction amongst aged care workers that are similar, though slightly lower, to those found for other comparable workers. The exception was in the area of pay, where aged care workers expressed much higher levels of dissatisfaction than on other dimensions, and much higher levels of dissatisfaction than other comparable workers.

The job satisfaction question used in the 2007 aged care workers surveys asked respondents to rate their satisfaction with a range of aspects of their jobs on a scale from 1 ('highly dissatisfied') to 10 ('highly satisfied'). The 2003 survey asked them to rate satisfaction on a scale from 0 ('highly dissatisfied') to 10 ('highly satisfied'). In order to make the 2003 and 2007 results comparable, 2007 responses were rescaled to put them on a 0 to 10 scale. To analyse the job satisfaction results, we examine the average score on this latter 11 point scale. The midpoint of this scale, a score of 5, can be taken as meaning that a respondent is neither satisfied nor dissatisfied with an aspect of their job. Scores above 5 indicate some level of satisfacation, with higher scores indicating greater satisfaction. Similarly, scores below 5 indicate some level of dissatisfaction, with lower scores indicating greater dissatisfaction. For all of the aspects of job satisfaction we examine, it is the case that averages above 5 are associated with more respondents expressing satisfaction than dissatisfaction. By the same token, all averages below 5 are associated with more expressing dissatisfaction than satisfaction. In general, comparing averages across aspects of job satisfaction and across time allow us to make useful and easy interpretations.

Although there was some improvement in aged care workers' pay satisfaction, they are still much less satisfied with this aspect of their jobs than any other (Table 3.32), and a majority express dissatisfaction. Nurses showed the largest increase in pay satisfaction (from an average of 3.9 in 2003 rising to 4.8 in 2007), with PCs also feeling more satisfied in 2007 than 2003 (their average rose from 3.6 to 4.0). Allied Health workers' pay satisfaction hardly changed during the period. Indeed, by 2007 nurses were the most satisfied of all occupational groups with pay. Although some State based awards affecting aged care nurses were significantly altered between 2003 and 2007, which may partially explain the change in pay satisfaction, aged care RNs are still paid significantly less than acute care nurses (Productivity Commission 2008: 141). The fact that pay satisfaction remains so low amongst aged care workers must be a matter of concern for the future of this workforce. It requires further exploration and understanding.

Most aged care workers remain satisfied with their job security, with little change in the level of satisfaction between 2003 and 2007. As in 2003, nurses and PCs feel equally satisfied

with job security, with Allied Health workers being slightly more positive. That job security is not a major issue for any of these groups partly reflects the strength of the Australian labour market in general. But it also in accord with the tendency for most residential aged care workers to be on permanent contracts, and the fact that this is not an industry subject to significant cyclical fluctuations. Indeed, it is notable that, despite some indications of increases in the use of casual contracts, satisfaction with job security has not changed.

Much research now shows that many aged care workers are attracted to the field because they see the work of caring as important and satisfying. Confirming this pattern, Table 3.33 shows quite high levels of satisfaction with 'the work itself' amongst residential aged care workers. It is particularly encouraging that nurses, who had lower satisfaction than PCs with this aspect of their work in 2003 (6.5 compared to 7.2), are now almost equal in their satisfaction with PCs.

Most residential aged care workers are women who work part-time. They frequently have significant commitments outside their paid jobs, particularly in domestic care responsibilities. Indeed, 56% have financial dependents and 54% spend some time regularly each week caring for family members, with 19% spending 40 or more hours per week in such care. For these workers, hours of work and the flexibility their workplace offers for balancing work and non-work commitments are likely to be very important. One important dimension of whether workers can balance these commitments is whether they are able to work the shift arrangements they prefer. Being required to work, say, irregular shifts when also taking care of school age children may cause difficulties. We have already seen a sharp drop in the proportion of residential aged care workers wanting to change their shift arrangements.

As in 2003, aged care workers generally reported quite high levels of satisfaction with the hours and flexibility for their jobs. In fact, all aged care occupational groups became slightly more satisfied with the flexibility their jobs offered for balancing work and non-work commitments. This could be a consequence of the increasing proportion able to achieve the shift arrangements they desire, although the change in satisfaction is rather modest given the substantial decline in those wanting to change their shifts. The pattern with regard to workers' satisfaction with their hours of work is more mixed. Nurses became slightly less satisfied with their hours of work, while PCs' satisfaction increased noticeably. This latter result is consistent with indications that, on average, PCs worked slightly longer hours in 2007 than 2003, though it is interesting that the higher satisfaction with hours of work is not reflected in a decline in the proportion wanting to change their hours (see above). Overall, it appears that residential homes continue to satisfy many of the needs and desires of their direct care workers with regard to hours and flexibility.

The 2007 survey asked about two aspects of job satisfaction not examined in the 2003 survey, satisfaction with workers' opportunities to develop their abilities, and satisfaction with the support they received from their team or service provider. Workers who are not given the opportunities they want to develop their abilities are likely to become frustrated and disillusioned with their workplace, and are more likely to leave. Moreover, providing employees with these opportunities is a key way that organizations can improve the quality and productivity of their workforces and replace departing employees with higher level

skills. It is therefore encouraging that aged care employees were generally satisfied with their opportunities in this area. Allied Health workers expressed slightly higher levels of satisfaction than nurses or PCs, but the differences were small.

The support workers receive from those they work with or the organization that employs them is very important in maintaining their commitment to work. Again, most residential aged care workers were reasonably satisfied on this front, with Allied Health workers being slightly more positive than others. This result indicates that lack of support from teams or service providers is not a major problem for aged care workers.

Finally, workers were asked about their overall job satisfaction. Again, the main result is that most workers express satisfaction, rather than dissatisfaction, and the changes since 2003 are small or negligible. Only nurses show any real shift, with a small increase in average levels of satisfaction (from a mean of 6.73 to 7.09).

Table 3.33: Average job satisfaction scores, residential aged care workforce, various dimensions of job satisfaction, by occupation

Satisfaction with:	Nurse		PC		Allied Health		Total		New hires Total	
	2003	2007	2003	2007	2003	2007	2003	2007	2003	2007
Total pay	3.91	4.83	3.55	4.04	4.51	4.37	3.74	4.29 (6.94)	4.54	4.58
Job security	7.16	7.12	7.07	7.05	7.48	7.47	7.13	7.10 (8.07)	6.81	6.93
Work itself	6.46	7.02	7.22	7.30	8.14	7.94	7.03	7.26 (7.61)	7.38	7.42
Hours of work	7.42	7.26	7.07	7.44	7.48	7.60	7.22	7.40 (7.29)	6.74	6.97
Opportunity to develop abilities		6.79		6.99		7.28		6.95		6.96
Support from team		6.96		6.96		7.38		6.99		7.23
Work / Non-work flexibility	6.66	6.87	6.90	7.06	7.11	7.53	6.83	7.04 (7.55)	7.03	7.13
Overall job satisfaction	6.73	7.09	7.31	7.33	7.83	7.76	7.15	7.29 (7.72)	7.53	7.43

Source: Survey of residential aged care workers.

Note: Figures in this table are average (mean) scores on job satisfaction questions ranging from 0 ('totally dissatisfied') to 10 ('totally satisfied'). Thus higher scores represent greater satisfaction. Figures in brackets under 2007 Total column are means for the Australian female workforce from the 2006 wave of the Household and Income Labour Dynamics (HILDA) survey.

As we have already noted, the departure of workers from aged care jobs, and the need to recruit new workers, is a substantial issue for residential homes. For this reason, workers' future intentions are an important indicator of the likely future extent of the need to find replacements. As in 2003, we asked workers where they expected be working 12 months and three years from the date of the survey. About 80% expected to be working for their current employer in 12 months. Some 60% of all workers, and about the same proportion of each occupation, expected to continue working in aged care in three years, mostly in the residential sector (Table 3.34). Another quarter were unsure where they would be working in three years, with only just over 10% positively expecting to be working outside aged care, though the proportion was significantly lower for Allied Health workers at about 6%.[17] Very few workers expected to shift from residential care entirely to community based caring, though around 5% expected to work in both sectors. These results show that continuing to work in aged care is attractive to a large proportion of current aged care workers. Information on turnover from employers, and the fact that more than half of aged care workers had worked in the field before their current job, means that some of these workers can be expected to move to different homes. However, most of them will continue to offer their skills and experience to the industry.

Table 3.34: Responses of the residential aged care workforce to the question "Where do you see yourself working three years from now?", by occupation (per cent)

Response	Nurse	PC	Allied Health	Total	New hires Total
Working in aged care, residential	48.0	48.6	49.4	48.5	45.8
Working in aged care, community based	0.7	1.0	1.5	1.0	1.3
Working in aged care, residential and community	4.0	6.0	7.0	5.5	8.8
Working in aged care, unspecified	4.2	5.6	6.2	5.3	4.5
Working, not in aged care	12.4	11.1	5.8	11.1	14.2
Not working for pay	5.3	2.4	6.4	3.6	1.6
Don't Know	25.3	25.2	23.6	25.1	23.8
Total	**100**	**100**	**100**	**100**	**100**

Source: Survey of residential aged care workers.

17 The 2003 survey asked about this intention in a slightly different way, not offering a 'don't know' response, and found that about 75% of aged care workers expected to be working in aged care 3 years from the date of the survey. Excluding the 'don't know' responses in the 2007, about 80% of aged care workers who were able to give a response expected to be working in aged care in 3 years. This suggests that there was little change in the pattern of intentions between 2003 and 2007.

3.5 Personal Carers

Personal Carers (PCs) are the largest group of direct care workers in residential aged care homes. Comparing results of the 2003 and 2007 censuses of homes has confirmed that PCs are a rising proportion of direct care workers, increasing from 58.5% to 63.6% of all direct care workers between 2003 and 2007. For these reasons, PCs remain of central concern in workforce planning in the residential aged care sector. The 2003 research provided the first clear picture of PCs because this group had been impossible to isolate in other data sources. Here, we update that picture to 2007, largely focusing on homes' description of their PC workforce.

Table 3.35 shows the proportion of homes with varying levels of Certificate III and Certificate IV qualified PCs. The pattern of change from 2003 to 2007 reflects the trend to an increasingly qualified workforce evident from the homes data. The proportion of homes with no PCs with a Certificate III halved from nearly 10% to just over 5% between 2003 and 2007. At the same time, the proportion in which three quarters or more of PCs had a Certificate III rose from 35% to 47%. There was a sharp drop in the prevalence of homes with no PCs with a Certificate IV, from just over 60% to just over 40% of homes. The vast majority of homes employing PCs with Certificate IV qualifications continued to have less than a quarter of their PCs with this qualification, though 9% indicated that between a quarter and a half of their PCs were Certificate IV qualified.

Table 3.35: Percent of homes with varying proportions of PCs holding Certificate III and Certificate IV in Aged Care (per cent)

Proportion of PCs with qualification in home	With Aged Care III		With Aged Care IV	
	2003	2007	2003	2007
None	9.6	5.2	61.1	42.2
Less than a quarter	10.8	5.5	30.6	44.8
A quarter to less than a half	20.0	14.9	5.0	8.9
A half to less than three quarters	24.9	27.0	2.1	2.5
Three quarters or more	34.7	47.4	1.1	1.5
All	–	13.1	–	0.6

Source: Census of residential aged care homes.

We have already seen something of the pathways that workers follow into aged care work. How homes find workers is another important aspect of these pathways. As Table 3.36 shows, homes rely on a variety of methods to recruit PCs. Informal methods such as word of mouth and walk-ins are important, but so are formal methods such as placing newspaper and internet advertisements. It is notable that word of mouth is cited more frequently than waiting for walk-ins, indicating that even where homes rely on informal methods to recruit PCs, they do so actively.

Recently hired workers' accounts of how they found out about their jobs present another perspective on recruitment pathways. Table 3.37 suggests that walk-ins are actually much more important for the hiring of PCs than the data from homes might suggest. Just over

half of PCs reported approaching their home for a job without knowing that there was a vacancy. This kind of approach was also important for recently hired nurses, accounting for over half of pathways to jobs. Word of mouth was also an important source of information about their jobs for all occupations. Indeed, putting together walk-ins and word of mouth routes to jobs, amongst recent hires, 57% of nurses, 70% of PCs and 45% of Allied Health workers had found their jobs through informal means. For the remainder, newspaper advertisements remain the most important formal source of information leading to a job, with internet sites continuing to be of little consequence.

While informal means of recruitment are found in all areas of the economy, the level reported here for the aged care sector is particularly high. We think one reason will be the high levels of turnover in the sector. This has the effect that workers know that it is very likely that there will be a vacancy at any time in any home that they approach. It appears that homes underestimate the extent to which they fill vacancies through the initiative taken by workers to approach them. Homes cannot safely assume that there will, in a tighter labour market, be a steady flow of such approaches. We conclude that the apparent role of walk-ins as a source of hires for nurses and PCs should be further examined by employers, so they are alert to any risks it might pose.

Table 3.36: Most likely sources if hiring new PCs

Employment source	Per cent of homes likely to use method
Wait for walk-ins	18.8
Word of mouth	27.6
Newspaper job ad	37.5
Internet job ad	6.8
Newspaper and internet job ad	32.6
Existing job placement workers	24.3

Source: Census of residential aged care homes.

Table 3.37: Sources of information about the vacancy for their job for the most recently hired residential aged care workers (per cent)

Source of job information	Nurse	PC	Allied Health	Total
Walk in	38.4	51.8	19.4	46.4
Newspaper advertisements	23.9	15.6	37.1	19.0
Word of mouth	18.3	18.5	25.8	18.9
Internet sites	4.8	2.6	8.1	3.5
Company or professional contacts	4.8	2.8	8.1	3.6
Other	9.8	8.7	1.5	8.6

Source: Survey of residential aged care workers.

3.6 Agency and Contract Staff

Residential aged care homes use agency and contract staff to ensure that necessary staffing levels are maintained. This may occur when existing permanent or casual staff are unavailable or new ones cannot be recruited, or homes may prefer to use agency staff for some staffing needs because of the flexibility agency staff provide them. Use of these staff is quite widespread, though, for each occupation, the majority of homes do not use them in a given 2 week period. The use of agency staff did increase somewhat between 2003 and 2007. For example, 26% of homes used agency RNs and 30% used agency PCs in 2003, while by 2007 the proportions had gone up to 32% and 38% respectively. Although this increase was modest, the proportion of shifts covered by agency and contract RNs rose quite sharply, from 3.5% to 5.7%. Although agency and contract staff did cover more PC shifts in 2007 than 2003, the change was small. These patterns suggest a tightening of the labour market, particularly for RNs, assuming homes prefer not to use agency staff. Perhaps more importantly, the proportion of shifts covered by agency and contract staff remained quite small. It is beyond the scope of this research to suggest what level of agency staff use would constitute a 'crisis' in the supply of residential aged care staff. However, it seems unlikely that the current levels of agency and contract staff use amount to a crisis.

Table 3.38: Use of agency and contract staff, residential aged care

Employee Classification	Proportion of homes that did not use any agency staff during past 2 weeks (%)		Estimated no. of contract staff used during past 2 weeks in all Australian homes	Estimated no. of shifts worked by agency/ contract staff in past 2 weeks in all Australian homes	Average shifts worked per agency/ contract staff member	Estimated proportion of all shifts worked by agency/ contract staff (%)	
	2003	2007				2003	2007
RN	73.5	67.9	4,073	7,974	2.0	3.5	5.7
EN	91.0	85.3	2,448	3,585	1.5	2.3	3.5
PCs	70.2	61.6	12,558	21,261	1.7	3.5	4.0
Allied Health	88.9	87.5	732	2,377	1.5	2.6	2.1

Source: Census of residential aged care homes.

There is considerable interest in whether the labour market pressure in the residential aged care workforce varies by geographic location, and how this has been changing. Levels of use of agency staff may be an index of the difficulties faced by residential homes in recruiting permanent staff. However, changes in the use of agency staff may also arise for other reasons associated with the way work is organised in homes as, for example, if homes prefer the flexibility using agency staff gives them. Our research did not collect data on why homes use agency staff, so we are cautious in interpreting trends.

Although the overall use of agency staff has not increased enormously since 2003, this could mask significant regional variation. Table 3.39 shows that, indeed, the proportion of total shifts that are worked by agency staff does vary significantly across States, as does change since 2003. The situation is complex. With regard to RNs, the proportion of shifts worked by agency staff has grown in all States, except the ACT. However, the increase has been particularly striking in Queensland and Western Australia—in Queensland use of agency RNs increased four-fold between 2003 and 2007, while in Western Australia it nearly doubled. South Australia also shows a significant rise in agency RN use, very comparable to that of Western Australia. On the other hand, Queensland had relatively low agency RN use in 2003. In Victoria and NSW the increases were much more modest, as were the levels of use of agency RNs in 2007. Indeed, even in 2007, about 96% of RN shifts in Victoria and NSW were worked by employees rather than agency staff. In Queensland and Western Australia and South Australia 8–9% of RN shifts were worked by agency staff. There is no doubt that these figures indicate some differences between the latter three States and Victoria and NSW. Table 3.40 adds an important dimension to the picture, indicating that, in general, use of agency RNs is higher in remote and metropolitan areas than in regional or rural ones. Clearly, homes in regional and rural areas are generally able to employ RNs to do the work they require. In fact, use of agency RNs in metropolitan areas is higher than the State averages in Table 3.39 in all States except Tasmania and the Northern Territory. For example, agency RNs perform 10–11% of RN shifts in metropolitan areas of Queensland, South Australia and Western Australia.[18]

Use of agency PCs has increased much less consistently than that of RNs (Table 3.39). The proportion of PC shifts performed by agency PCs hardly changed in the ACT, NSW, South Australia, Tasmania, and Victoria. Variations across these States, from virtually no use of agency PCs in Tasmania to about 2% of shifts performed by them in NSW to nearly 8% in South Australia, are suggestive of differing patterns of work organisation producing differing use of agency staff, rather than sharply different PC labour markets across the States. Only in Queensland and Western Australia were there sharp increases in use of agency PCs. While these rises would be consistent with tighter labour market conditions in these States, due to the mining boom, it is still the case that 92% of PC shifts in Western Australia and 96% in Queensland are performed by employed PCs, rather than agency staff.

Examining the proportion of homes that do not use agency staff adds a further dimension to the picture of how agency staff are used, and how this has changed. Table 3.41 shows that there is variation by State in the proportion of homes using agency RNs. For example, about a quarter of NSW homes use agency RNs, compared to about 45% of those in South Australia. In most States, the proportion of homes using agency RNs has grown slightly since 2003. The exception is Queensland and the Northern Territory where the proportion rose quite sharply. The proportion of homes using agency PCs also increased. Again, there was considerable State by State variation, with a quarter of NSW homes using agency PCs compared to over 60% of those in South Australia and Western Australia. Again, the sharpest increase in the proportion of homes using agency PCs was in Queensland, though there

18 The high levels of agency RN use in remote homes in Table 3.40 refer to a very small number of homes, particularly 7 homes in Queensland and 7 in the Northern Territory.

were also significant increases in South Australia, Victoria, and Western Australia. Overall, the widely differing proportion of homes that make any use of agency staff, and the differences in how this pattern has changed over time, strongly suggest that use of agency staff is heavily affected by patterns of work organisation within homes.

Table 3.39: Estimated percent of total shifts performed by agency staff by State, residential aged care

State	RNs		ENs		PCs		Allied Health	
	2003	2007	2003	2007	2003	2007	2003	2007
ACT	8.1	5.4	0.7	22.5	6.7	5.8	7.1	4.1
NSW	2.0	3.7	0.3	0.2	1.6	1.8	0.7	1.5
Victoria	3.3	4.3	2.2	2.2	4.4	5.0	4.3	1.9
Qld	2.1	8.3	0.3	4.4	0.9	3.6	0.6	1.2
SA	5.4	8.6	7.1	8.5	6.9	7.7	4.7	4.5
WA	5.2	9.2	3.1	6.2	4.8	8.0	4.6	3.4
Tasmania	1.5	2.8	0.0	1.8	0.0	0.3	1.3	0.7
NT	13.8	31.0	2.7	0.0	6.9	3.2	0.0	17.9
Australia	**3.0**	**5.7**	**2.0**	**3.4**	**2.9**	**4.0**	**2.3**	**2.1**

Source: Census of residential aged care homes.

Table 3.40: Estimated percent of total shifts performed by agency staff by location, residential aged care

Location	RNs		ENs		PCs		Allied Health	
	2003	2007	2003	2007	2003	2007	2003	2007
Metro	4.3	6.9	3.7	5.5	4.6	5.7	3.5	2.7
Regional	1.1	4.0	0.3	2.0	0.8	2.0	0.7	1.1
Rural	1.6	2.6	1.2	1.1	0.9	0.5	1.1	0.9
Remote	–	16.3	–	2.8	–	0.2	–	1.6
Total	**3.0**	**5.7**	**2.0**	**3.5**	**3.0**	**4.1**	**2.3**	**2.1**

Source: Census of residential aged care homes.

Table 3.41: Proportion of residential aged care homes using agency RNs and PCs by State (per cent)

State	RNs		PCs	
	2003	2007	2003	2007
ACT	44.4	23.5	50.0	35.3
NSW	19.1	23.6	21.7	25.4
Victoria	25.9	31.9	31.6	45.7
Qld	27.3	44.1	24.1	42.2
SA	44.6	44.8	51.2	64.1
WA	30.3	38.9	48.3	62.3
Tasmania	15.6	21.4	2.2	5.7
NT	40.0	81.8	50.0	63.6
Total	**26.1**	**33.3**	**30.1**	**41.1**

Source: Census of residential aged care homes.