

# Senate Inquiry into the Future of Australia's Aged Care Sector Workforce

Submission by -

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My experience in working with older people began in 1971 as a student nurse training as a Psychiatric Nurse in a mental health institution in Sydney. It became formalised in 1985 when I completed a Post Graduate Gerontic Nursing qualification which, at the time, was a registrable nursing qualification. Since 1985, I have worked in many facets of nursing related to aged care – palliative care, residential aged care, clinical education and as an academic. All of my research is related to aged care in various ways for example, teaching aged care (Bernoth, 2001, 2009), supporting aged care workers (Trede, Sutton & Bernoth, 2015), the experiences of older people and their families in rural areas (Bernoth, Dietsch & Davies, 2012), elder abuse (Bernoth, Dietsch, Burmeister, & Schwartz, 2013), older people with dementia (Green & Bernoth, 2015) and I have submitted reports to a number of Federal and State Government inquiries related to aged care.

I have experienced the aged care sector in metropolitan and rural areas, in residential care, acute care, palliative care and in the community. It is my concern for the support and development of aged care workers and the quality of care delivered to older people in Australia that are my motivating factors and the reason for writing this submission. I hope my comments are useful in the formation of the skilled aged care workforce Australia needs to provide quality care for older people and their families now and into the future.

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### **The profile of Australia's aged care workforce of the future:**

- Is supported by groups of expert clinicians who are responsible for geographical regions and who provide on-line and face to face expertise in complex areas of care such as podiatry, nursing, physiotherapy, leisure and recreation etc.
- Use information communication technology (ICT) to inform care, communicate with colleagues, link to specialised services and link to community based older people
- Work in facilities that welcome the community and are an integral part of the community
- Are diverse in cultures, age groups, gender, skills, languages so that the varied needs of the residents and clients are assessed and addressed.
- Work in services and facilities where research is integral to their practice. Where aged care workers are the generator of research questions and participants in the research process. This means close collaborations with universities and ethics committees.
- Collaborations with universities extends to the provision of undergraduate and post graduate education using flexible modes of education provision but with the focus on interaction between educator and student so that the individual needs of the student are addressed and the environment in which they work taken into account.
- Are supported by skilled managers who know how to value and develop their staff so that they can provide optimal care to the residents and clients.
- Understand and whose work is underpinned by the principles of person-centeredness, customer focus and authentic partnerships

### **Challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and lesbian, gay, bisexual, transgender and intersex people.**

When planning for the future of our aged care workforce special attention needs to be given to catering for the needs of Indigenous people. We need to investigate how we provide appropriate aged care for Indigenous older people and in doing so we need to be encouraging Indigenous people to be participating in the aged care workforce. There must be provision for the education, support and a career structure so Indigenous aged care workers can guide and teach non-Indigenous peoples how to be culturally competent in working with Indigenous older people.

In teaching aged care, the stories of Indigenous people are very powerful and it is a strategy I have incorporated into the teaching program at Charles Sturt University by bringing elders into tutorials to speak with undergraduate nursing students. There is reciprocity in this strategy because as the students are learning, the Indigenous older person is engaging with the students, contributing to their learning and making a difference, significant for healthy ageing. The same strategy can be used for the variety of groups of older people the aged care workforce will encounter.

Cultural competence, cultural safety and cultural respect should be a significant aspect of any course related to ageing and aged care from the vocational education undergraduate study and post graduate education. Simultaneously, the aged care workforce needs to be informed of the background of the current cohort of older Australians whose socialisation happened under the White Australian Policy which impacts the older persons' attitude toward cultural diversity and the workforce should be mindful to and sympathetic of the residents' attitudes.

Emotional intelligence and inclusive practice underpins appropriate delivery of care for the diversity in the older age group. These topic needs to be included in Certificate 111 Aged Care and not just as one module but rather as a thread that runs through all of the education program.

### **Education:**

We need the right people with the right skills and attitude that is Registered Nurses with specific skills and knowledge related to caring for older people. Education is at the heart of this issue and we need to show graduates that working in this sector can offer a rewarding career. Online learning makes it possible for universities and TAFE to work together with residential care facilities to provide further education for their staff. Current and future need face to face education opportunities alongside the online learning opportunities so that their particular learning needs can be addressed.

### **Factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths:**

- The Registered Nurse can often be the target of bullying by the care workers and managers. The Registered Nurse can direct care and insist that care be given in a professional way determined by the assessed needs of the resident however, if the care worker does not agree, they approach management inappropriately claiming bullying by the Registered Nurse. The care worker is the most valued worker so too often managers are anxious to keep them but see the Registered Nurse as expendable.
- There are no ratios for staffing in residential aged care. This issue has caused much consternation amongst the families of residents when they find that this is the case. With older people now financially contributing to their care, families and residents expect that staff who can appropriately assess their care needs and implement that care in a timely way. They are incredulous when they find there are no ratios, comparing the sector to child care where there are ratios
- Abuse happens in residential aged care but there are challenges in preventing, detecting and addressing abuse in facilities is that -
  1. It does not occur in **all** facilities. I have witnessed the highest quality, person-centred care to treatment that is totally unacceptable, negligent and abusive. The Accreditation and Standards Monitoring System cannot be relied on to detect disparity in care, detecting abuse or ensure standardised, quality care.
  2. Abuse ranges in severity from grossly unacceptable acts to acts of unkindness, absence of care, carelessness, negligence and ignorance of appropriate clinical care.
- Lack of clinical supervision for care workers. As a consultant educator, I was observing staff skills to determine education needs of the care staff. I witnessed two of care workers getting an older woman out of bed. She was a thin, frail woman who was curled up in a foetal position facing the wall. The two care workers approached the woman, grabbed her knees and rolled her onto her back. They removed her wet pad and then left the room to get another continence pad. They swung her around, took off her nightie, put on her top and bent down to put on her pants. At this stage, she woke up and started to kick her feet. My suggestion to the care workers was that if they spoke to her and gained her co-operation,

she would not kick them. They ignored me and continued to put on her footwear. At this stage, the care workers had not said a word to this woman.

A walker was produced and the older woman was stood up into it. The care workers moved a chair in behind her and sat her on it. Then they started to push her out of the bed room door. I asked if they were going to wash her. With this, one of the care workers pushed her over to the basin at which the staff wash their hands and wet some paper towel with water that was cold. Then they roughly rubbed the paper towel over her hair and then her face. She was then pushed into the lounge area where a tray was attached to the chair and a drink placed on the tray. The older woman then picked up the liquid and threw it at the care workers. When the Director of Nursing walked through the area some time later, she observed residents sitting in chairs waiting for breakfast but no-one knew what they had gone through prior.

When I spoke to senior management about the incident, they said “but they are our best AINs!” They also terminated my contract.

### **The role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded:**

The issues of regulation of care workers and the quality of education provided to this group were covered in the Productivity Report “Caring for Older Australians”, 2011, p371-381. The disparity in the standards of education delivered to care staff is expressed in a number of submissions to the Commission.

### **The particular aged care workforce challenges in regional towns and remote communities:**

Currently Charles Sturt University is conducting research investigating means of attracting and retaining Registered Nurses to regional and rural aged care facilities. This research involves: partnership formation, engaging undergraduate students, developing preceptors and mentors, reflectivity, enabling patient-centred health care, design of a postgraduate RN placement creating a welcoming culture which enables staff development, and developing a learning community.

The potential outcomes of the research include:

1. The formation of partnerships between participants in regional communities, fostering future possibilities between current and future partners; and whether this relational focus is transferable to other regional areas and urban contexts.
2. The involvement of undergraduate nursing students in tutorials delivered on site at residential care facilities in Dubbo. This is a unique pedagogical feature of this pilot – the delivery of tutorials on site, maximising learning opportunities in patient centred care and affordances of the site and the partners.
3. The training/education of staff of aged care facilities: to preceptors and mentors on site at residential care facilities in Dubbo.
4. The experience and reflectivity of key staff in this facility. Reflection by nurses and by educators is a key and valuable professional practice.

5. To develop Dubbo as a centre for opportunities for student learning, for staff development and for retention in rural health settings of RN's.
6. Enabling patient-centred health care in actual placement practices for undergraduate students.
7. The development of a pilot program which will recruit a new graduate RN to undertake a 12 month placement in Dubbo and Forbes through four rotations of three months each in Catholic Healthcare facilities (three in Dubbo, and one in Forbes where accommodation will be provided). This postgraduate opportunity will be a supernumerary position within Catholic Healthcare. The goal of this sub-project matches the NSW Upper House Inquiry 2015 recommendations 13 and 14 that RN's be recruited and retained in aged care facilities.
8. Creating a welcoming culture which will provide clinical staff in Catholic Healthcare with (1) knowledge of educational opportunities available to them at CSU (2) intensive support to staff who enrol in the CSU Master of Nursing, Master of Gerontology, or Graduate Certificate of Gerontology and (3) an invitation to apply for Commonwealth Supported places (which provide a considerable discount on HECS fees). The goal of this sub-project matches the NSW Upper House Inquiry 2015 recommendation that RN's be recruited and retained in aged care facilities.

The development, formation and consolidation of partnerships are a key feature of this pilot project. Its significance is that through these partnerships we can realise better care for residents through the recruitment and retention of RNs in residential aged care facilities. This is congruent with the recommendations of the NSW Upper House Inquiry into the role of the RN in aged care.

Our aspirations for the future are:

1. We further develop a model for learning aged care for undergraduate students in rural areas
2. We continue to develop a model of recruitment and retention of health professionals, especially RN's, in rural health and rural aged care
3. The development of whole communities where nursing students are welcomed, embraced and provided with clinical learning experiences in a variety of settings
4. Expand the project and support it with research grants to answer the research questions articulated in the project
5. That this project be a model for integration of aged care services and facilities, the university sector and other educational providers such as TAFE, exploring cross-sectorial integration and cooperation
7. The tertiary sector work more closely with residential aged care facilities to develop authentic partnerships with a focus on results and outcomes beneficial to residents and their families, staff and students.
8. Staff working in residential aged care are valued for their skills and knowledge and seen as integral to any future research projects

Through authentic partnerships, we have facilitated a different way of teaching aged care that values the older person and the aged care workers and subsequently, making aged care work more

attractive to undergraduate nursing students. A strong collaboration has been established with service providers, facilities and education institutions in the Dubbo area. There is a commitment from all stakeholders for on-going collaborations to attract and retain Registered Nurses in rural and regional areas to provide quality aged care. Rather than be a completion, this project is a beginning of strong partnerships to explore possibilities to enhance our rural and regional communities and provide appropriate support for the people who live in them.

#### **Any other related matters.**

- Ensuring appropriate standards of care in residential aged care facilities is problematic. The process for standards monitoring is currently unreliable and with the move to five year accreditation, even more unreliable. This is substantiated in the Productivity Commission Report (2011) and in my research projects. The Aged Care Complaints Scheme is also ineffective. My research and my personal experiences as a clinician working in aged care facilities shows the fear of retribution when someone complains about poor care and the inaction when inadequate care issues are revealed (Bernoth, Dietsch, Burmeister & Schwartz, 2013).
- Too often Registered Nurses are confined to the office of the facility undertaking documentation required for accreditation or paper based assessments to comply with the ACFI. This is not the optimal use of a skilled health professional. The Registered Nurse must work within their scope of practice determined by the registering authority and articulated in the competency standards for a Registered Nurse. The Registered Nurse must be actively involved in resident care, supporting the care workers to identify when care needs change and supporting the care worker to prioritise the care they are providing.
- There is a pervading attitude that aged care is the field of nursing where Registered Nurses go to work when they are no longer capable of the cut and thrust of the acute sector. It is deemed to be menial work and unattractive work. Recently, I had a new graduate nurse who wanted to work in residential aged care. On their behalf I approached a facility but the Director of Nursing told me that they had just filled a vacant position with a Registered Nurse from the acute hospital who was nearing retirement and they were "lucky to get her". With this pervading attitude held by society and perpetuated by the aged care industry and the nursing profession, aged care work will remain under recognised for the sophisticated field that it is with the substantial contribution to quality of life for older people and their families. This attitude is clearly evident in the disparity in rates of pay between the acute care sector and residential aged care.

#### **Conclusion**

As long as the focus of decisions related to care of vulnerable people in Australia is focused on the fiscal and the mechanism for regulatory compliance is auditing and monitoring based on documentation, the quality of care will remain as widely varied as it is currently. Our vulnerable and frail older population deserve sensitive, skilled, person-focused care based on best evidence and delivered by qualified staff who are supported by management and expert clinicians and who have the freedom to be creative and flexible.

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