Working Well in an Aged Care Home

Dr Sarah Russell

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Research Matters
researching issues of health and illness

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Research report

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Correspondence
Research Matters
Sarah Russell PhD, BA (Hons)
Principal Researcher
PO Box 1235
Fitzroy North VIC 3070
Email: sarahrussell@comcen.com.au
Website: www.research-matters.com.au

Front cover photo: Joan Russell celebrating her 91st birthday with Alex Gee (Leisure Activities Staff at Victoria By The Park).

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Conflict of interest

The researcher, Dr Sarah Russell, is the Principal Researcher at Research Matters. She is also the Director of Aged Care Matters. Aged Care Matters is a voluntary group that promotes solutions via dialogue between residents, relatives, staff, providers, government and other industry stakeholders.

One of the strengths of this research is that the researcher does not work in the aged care sector or for a government agency, nor has a personal connection with a resident of an aged care home. She has however worked in the past as a registered nurse. This allows for analysis of the data without any substantive conflicts of interest.

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Introduction

The media focuses on heart breaking stories in aged care homes. The increasing number of negative stories over the past year or so, including those told during the Royal Commission into Aged Care Quality and Safety, has demoralised many staff. This demoralisation was evident in posts on the Aged Care Matters Advocacy Facebook Group.

Staff who work in an aged care home are often hard-working, dedicated people doing a very difficult job for not much pay. The linchpin of a good aged care home is competent, honest and caring staff – managers, registered nurses, personal care attendants, as well as hospitality, reception and activities staff – who treat residents with respect and kindness.

My previous research highlighted the variability of aged care homes. Importantly, this research provided evidence for what makes a 'good' aged care home. In a good aged care home, residents are happy, well fed and groomed, pleased to see staff members and call the aged care home their "*home*". These aged care homes prioritise social engagement and physical activity. They provide an extensive range of activities that are not only fun but also meaningful.

It is important to know perspectives of staff regarding what makes a good aged care home. According to Australian Nursing and Midwifery Federation (2019), "aged care staff feel unheard. They want to take pride in their work and provide residents with the highest standards of quality, safe, appropriate care in environments that are safe and supportive" (p 7). However, most research undertaken with staff highlights only the negative aspects of working in an aged care home.

In 2018, I uploaded an online survey (Appendix 1). Three hundred and ninety four (394) people responded to questions about what staff liked about their work in an aged care home, and what staff did not like. If staff could change things to improve the quality of life of residents, what would they change?

This research was undertaken because the public needs to hear from staff who work in an aged care home. It received no financial support.

Given the lack of financial support, this document reports only on the findings of what staff said they liked about their work.

Report Overview

The report begins with some background information about recent aged care reforms, workforce and the numerous government inquiries into aged care over the past decade. The next section describes the research methods, including its strengths and limitations. The third section describes the research findings.

The report has been submitted to the Royal Commission into Aged Care Quality and Safety.

Background

Providers of residential care

The main providers of residential aged care used to be religious, community-based and charitable organisations. After the reforms in the *Aged Care Act 1997*, there was an increase in private investment. Private equity firms, new foreign investors, and superannuation and property real estate investment trusts entered the residential aged care market. Macquarie Bank, AMP Capital, Japara and BUPA, for example, acquired thousands of beds across Australia.

Not-for-profit organisations remain the main providers of residential aged care (Figure 1). However, the recent Aged Care Approval Rounds (ACAR)[1] allocated 63 per cent of new aged care places to for-profit providers. This may suggest a shift towards for-profit sector ownership of aged care homes.

Five per cent of aged care homes are owned by either state government or local councils (i.e. public). However, some local councils have sold their aged care homes to the private sector.

Figure 1: Ownership of aged care homes (Department of Health, 2016, p44)

There is a growing trend for both for-profit and not-for-profit aged care homes to be large. According to the Australian Institute of Health and Welfare (2017), the proportion of aged care homes with more than 60 places increased from 56% to 72% of facilities between 2007 and 2014. Both private and not-for-profit aged care providers are undertaking mergers and acquisitions to achieve 'economies of scale'.

There has been a consolidation of residential care providers, with the number falling from 1,016 in 2013-14 to 886 in 2017-18. According to the Aged Care Funding Authority (2019), this trend is likely to continue.

Aged Care Reforms

The Aged Care Financing Authority (2015) estimated the residential aged care sector required an investment "in the order of $33 billion" over the next decade (p 119). To encourage increased private investment in aged care homes, the Productivity Commission Inquiry Report Caring for Older Australians (2011) recommended fundamental reform of the aged care system. These reforms are reflected in the bipartisan *Aged Care (Living Longer Living Better)* Act 2013. The reforms aim to improve the sustainability of aged care services and increase consumer choice and control (Aged Care Financing Authority, 2018).

Aged Care Act 1997

In the *Aged Care Act 1997*, the Quality of Care Principles 2014 state: "The service provider manages human resources to ensure that adequate numbers of *appropriately skilled and trained staff/volunteers* (my italics) are available for the safe delivery of care and services to service users" (Section 1.7).

Determining what is "*an adequate number*" and what qualifications determine "*appropriately skilled and trained*" is at the discretion of the provider and overseen by the Aged Care Quality and Safety Commission. There is no legislative requirement that a registered nurse be on duty in an aged care home at all times.

In 2018, Federal MP Rebekha Sharkie introduced the Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018. This bill sought to amend the Aged Care Act 1997 to require approved residential care service providers to provide ratios of aged care recipients to staff members, broken down into categories of staff members, on a quarterly basis.

This bill aims to provide some much-needed transparency to aged care. With accurate staffing data, the public would be better informed to make decisions when choosing an aged care home. However, the bill lapsed at dissolution of government on 11 April 2019. The bill was reintroduced on 22 of July 2019.

1 The 2016-2017 aged care approval rounds (ACAR) created 9911 new aged care places: 6,269 allocated to for - profit providers, 3,600 not-for-profit and 42 government. Importantly, 2719 residential places were allocated for aged care places outside metropolitan areas.

Aged Care Workforce

The 2016 census reported the number of paid workers in the aged care sector was around 366,000, with an additional 68,000 volunteers. Around sixty per cent work in aged care homes (Aged Care Financing Authority, 2018). According to the Productivity Commission, the workforce is expected to grow to over 800,000 by 2050.

During the past decade there has been a shift in the composition of the residential aged care workforce. There has been a decrease in registered and enrolled nurses and an increase in personal care attendants (PCAs)[2].

In 2007, registered nurses accounted for 16.8 per cent of the aged care workforce, enrolled nurses 12.2 per cent and PCAs 63.6 per cent (Martin and King, 2008). According to the 2016 National Aged Care Workforce Census and Survey, registered nurses now account for 14.9 per cent of the aged care workforce, enrolled nurses 9.3 per cent and PCAs 71.5 per cent (Mavromaras et al. 2017).

The staffing profile of aged care homes today does not reflect the increase in care needs of residents, as illustrated in Figure 2. If it did, there would have been an increase in the number of registered nurses to manage the increased level of care needs. Instead, the number of registered nurses has decreased while the number of less-skilled PCAs has risen (Figure 3).

Figure 2: Care need ratings of people in permanent residential care for Complex health care, 30 June 2009–2016

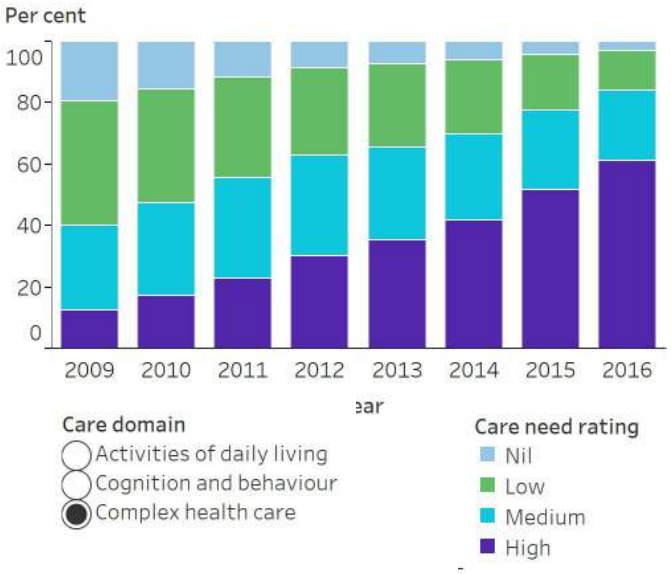
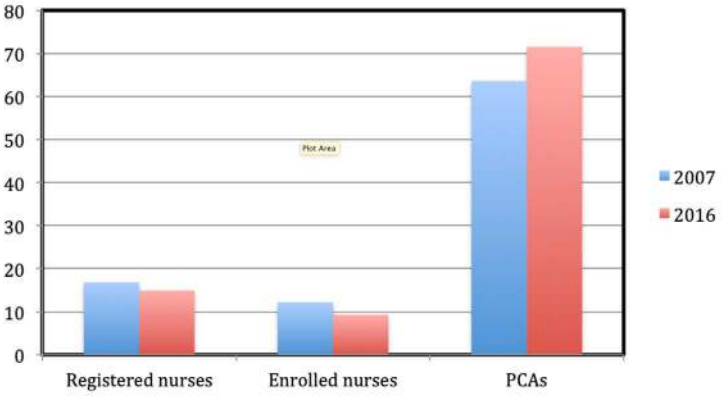


Figure 3: Comparison of ratios of registered nurse, enrolled nurses and PCAs in 2007 and 2016



Staffing costs are the main outgoings for operating an aged care home, estimated to be around 70 per cent of operational costs. A grade 5 registered nurse costs approximately twice as much as a PCA. Costs also increase on afternoon, evening and weekend shifts because penalty rates apply.

There is a significant difference in training between registered nurses, enrolled nurses and PCAs. Registered nurses complete a three-year bachelor degree at university and enrolled nurses complete an 18-month diploma. PCAs have a Certificate 3 in Aged Care.

The training of PCAs is variable: some PCAs gained their qualification to work in an aged care home after completing a Certificate 3 at reputable training organisations while others completed less rigorous training (e.g. a five-week course). Some PCAs undertake additional credential training (e.g. Medication Management course).

According to the 2013 audit of registered training organisations, 90 per cent of aged-care courses did not comply with training standards under the Australian Qualifications Framework (Australian Skills Quality Authority, 2013). In March 2018, the Australian Government announced the establishment of an Aged Care Industry Reference Committee (IRC). The Aged Care IRC will be responsible for reforming national training package qualifications and skill sets needed by the aged care sector.

Both registered and enrolled nurses are registered with the Nursing and Midwifery Board of Australia and must meet registration standards in order to practise. No registration body oversees PCAs.

2 Also known as Assistants in Nursing (AINs)

During the past decade (i.e. the same period that there has been a shift in the composition of the residential aged care workforce), the incidence of premature and potentially preventable deaths of residents in aged care homes has increased (Ibrahim et al. 2017). Ibrahim et al. (2017) found the most frequent causes of death were falls (82%), choking (8%) and suicide (4%).

Whether there is a connection between the increase in premature deaths and changes in workforce composition that have occurred during the same time frame is subject to debate. For example, in response to Ibrahim's study, Dr Stephen Judd, chief executive of HammondCare, claimed: "All life is about risk; we have to encourage people to enjoy life, not just keep themselves hermetically sealed in a life of boredom. Rather than trying to eliminate risks, we must manage risks intelligently" (Colyer, 2017). In contrast, when interviewed about Ibrahim's study on The Project (2017), Dr Sarah Russell claimed residents might:

- Fall over because there is lack of staff to supervise residents when they walk (e.g. to the toilet);
- Choke because staff do not have time to feed residents slowly and responsibly or because residents with a poor swallowing reflex (e.g. after a stroke) are given inappropriate food;
- Become disengaged, depressed and potentially suicidal due to a lack of meaningful activities being provided in an aged care home.

Government inquiries

During the past decade, there have been around thirty (30) federal and state government inquiries, reviews, task forces and consultations into aged care (Tables 1 and 2). These inquiries have resulted in a raft of recommendations to improve aged care homes. Only a few recommendations have been actioned.

Table 1: Inquiries into aged care since 2005

Date	Inquiry Title
2019	Royal Commission into Aged Care Quality and Safety (ongoing)
2018	Inquiry into the Quality of Care in Residential Aged Care Facilities
2017	Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised
2016 / 2017	Future of Australia's aged care sector workforce
2016 / 2017	Productivity Commission - Human Services
2016 / 2017	A public inquiry into the increased application of competition, contestability and informed user choice to human services.
2016 / 2017	Australian Law Reform Commission - Elder Abuse
2015	Registered nurses in New South Wales nursing homes
2015	Elder abuse in New South Wales
2015	Inquiry into End of Life Choices
2013 / 2014	Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia
2010 / 2011	Productivity Commission - Caring for Older Australians
2008	Inquiry into Aged Care Amendment (2008 Measures No. 2) Bill 2008
2006 / 2007	Inquiry into older people and the law
2007	Inquiry into Aged Care Amendment (Security and Protection) Bill 2007
2004 / 2005	Senate Inquiry into aged care: Quality and equity in aged care

Table 2: Government reviews of aged care since 2005

Date	Review
2017	Review of National Aged Care Quality Regulatory Processes
2017	Internal review: Australian Aged Care Quality Agency
2017	Oakden Older Persons Mental Health Service Review
2017	Single Aged Care Quality Framework: Options for assessing performance against aged care quality standards
2016	Aged Care Legislated Review
2015	Increasing Choice in Home Care - Stage 1 - Discussion Paper
2015	Review of Commonwealth Aged Care Advocacy Services
2013 / 2014	Consultation on the Quality Agency Quality Reporting Programme
2009 / 2011	Review of the Aged Care Complaints Investigation Scheme
2009	Review of the Residential Aged Care Accreditation Process
2005	Elder Abuse Prevention Project

In 2017, the Senate's Future of Australia's aged care sector workforce inquiry made several recommendations about staffing in aged care homes (Community Affairs Reference Committee, 2017). For example, recommendation 8 suggested the federal government examine the introduction of a minimum nursing requirement for aged care homes. Recommendation 10 suggested the government require aged care service providers to publish and update their staff to resident ratios "in order to facilitate informed decision making by aged care consumers". In response to these recommendations, the government established the Aged Care Workforce Strategy Taskforce.

Key stakeholders have different opinions about staffing ratios (Russell, 2018). Staff, relatives, residents, aged care advocates unions (e.g. ANMF) support staffing ratios in aged care homes. Relatives, for example, say it is "*common sense*" that improved staff-to-resident ratios will improve standards of care. In contrast, politicians, peak bodies and providers oppose staffing ratios, citing the Productivity Commission's (2011) description of ratios as a "blunt instrument".

To settle the disagreement about the value of ratios in aged care homes, the Aged Care Workforce Strategy Taskforce needed data about actual staffing levels and quality outcomes in Australian aged care homes. They also needed to compare this data with international data. This would have provided evidence to support or refute a persistent claim by many stakeholders: Aged care homes with a higher direct care staff-to-resident ratio have higher standards of care.

Instead, the Report of the Aged Care Workforce Strategy Taskforce (2018) dismissed the concept of staffing ratios with the following sentence. "Static models or set staffing ratios will not assist in meeting these expectations or necessarily result in better quality of care outcomes."

Rather than settle the argument about ratios, the Report of the Aged Care Workforce Strategy Taskforce (2018) provided a transformational Belief Statement: "We exist to inspire people to want to care, enable people to properly care and enhance life through care. Because how we care for our ageing is a reflection of who we are as a nation." It also provided a Unifying Vision of Care (Figure 3). This transformational Belief Statement and the Unifying Vision of Care set the tone for this report.

Figure 4: Unifying vision of care Report of the Aged Care Workforce Strategy Taskforce (2019)

Research Method

A qualitative research method was used to explore what staff like about working in an aged care home.

Recruitment

The following community engagement method was used to recruit people who work an aged care home:

1. Opinion pieces, television appearances and radio interviews encouraged people to visit the Aged Care Matters' website.
2. The survey was published on the Aged Care Matters' website.
3. Information about the survey was shared on social media via the Aged Care Matters Advocacy Facebook Group.
4. An Opinion Piece about the research was also published in HelloCare (Appendix 2).

In addition, a snowball technique was used (i.e. participants told other 'potential participants' about the project).

Data collection

Data were collected via a survey uploaded to Survey Monkey on 18 July 2018 (Appendix 1). The survey was disabled on 15 February 2019.

Data analysis

Data were critically analysed using thematic analysis. This method of analysis is a qualitative research method that is used to generate common themes. The aim was to produce themes that were solidly grounded in the data. In addition, the quantitative data were analysed using descriptive analysis.

Strengths and limitations

A strength of this research is that the survey was anonymous. An anonymous survey enables participants to be 'frank and fearless'. Research shows a disinclination for staff to be critical of health services in face-to-face interviews/focus groups because of not wanting to jeopardise their employment.

A limitation of the study is self-selected samples may be biased toward people with strong opinions – both positive and negative. The final question of the survey was: 'Would you recommend this aged care home to your parents?' This question was included to determine the level of bias within the sample.

Findings

Sample

The sample contained 394 participants, though not all participants answered each question. Table 3 describes participants' roles.

Table 3: Participants' roles

Role	Number of participants
Managers	37
Clinical Care Co-ordinators	4
Clinical Nurse Educators	2
Registered Nurses	42
Enrolled Nurses	41
PCA /AINs	203
Allied Health Practitioners	3
Massage Therapist	1
Leisure Staff / Diversional Therapists	36
Food Services Staff	11
Receptionists	2
Administration Officers	2
Cleaning	2
Laundry Staff	3
Maintenance	1
Quality Officer	1
Quality and Education Co-ordinator	1
Volunteer	1
Companionship and Advocacy Provider	1

Approximately the same number of participants who worked in not for-profit and for-profit aged care homes participated. In addition, a few participants worked in government owned aged care homes (i.e. owned by either state or local council) (Table 4). The size of the aged care homes in which participants worked is described in Table 5.[3]

Table 4: Type of aged care home

Type of aged care home	Number of participants (%)
Not-for-profit	187 (47.5%)
For-profit	182 (46.2 %)
Government owned	17 (4.3 %)
Unknown	8 (2%)

Table 5: Number of beds in aged care home

Number of beds in the aged care home	Number of participants
<20	5
20-29	9
30-39	10
40-49	35
50-59	22
60-69	44
70-79	27
80-89	23
90-99	37
100-109	24
110-119	18
120-129	40
130-139	11
140-149	13
>150	29

Participants indicated that the manager was a registered nurse in most aged care homes (61.3 per cent). In addition, they indicated that 77.8 per cent of aged care homes employed a Clinical Care Manager (i.e. a registered nurse). However, participants indicated that 24.7 per cent of aged care homes in the sample did not have a registered nurse on *site*[4] each shift.

3 Forty-nine (49) participants either did not know the number of beds or did not answer this question.

4 Having a registered nurse on *duty* or on *roster* is not the same as having a registered nurse on *site*.

What staff like about working in an aged care home

In terms of the bias within the sample, participants were asked: 'Would you recommend this aged care home to your parents?'

Fifty (50) per cent responded either "*definitely yes*", "*probably yes*" or "*maybe*". The other 50% responded "*probably no*" or "*definitely no*".

Table 6: Response to question: Would you recommend this aged care home to your parents?

Would you recommend this aged care home to your parents?	Percent
Definitely Yes	51 (15%)
Probably Yes	67 (19%)
Maybe	56 (16%)
Probably No	73 (21%)
Definitely No	107 (29%)

What staff like about working in an aged care home

In this section, all text in *italics* and quotation marks is a direct quote from a participant. In longer quotes, a number identifies the specific participant.

When reporting qualitative findings it is unusual to describe the numbers of participants or percentages. However, a sample size of 394 is very large for a qualitative study. This has enabled the numbers of participants/percentages to be used. Showing these numbers enables the strength of the theme to be highlighted. However, the results of are not intended to be generalisable, nor was the sample representative in the standard scientific sense. Instead, the intention was to collect in-depth insights.

When asked what they liked about working in an aged care home, 5 PCAs said "*everything*". A manager said there were "*too many things to note*".

> *I like every aspect of my work as I get to spend time with the residents and to make sure they have a clean, homely environment. I help them in any way possible. (Participant 119, PCA/AIN, Food services, cleaning, laundry)*

> *I enjoy all the work in the aged care home. I also value my teammates for the work they do. (Participant 114, PCA/AIN)*

> *I love everything about my work…Lots of love and laughter. (Participant 31, PCA/AIN)*

> *This was my chosen career so are too many things to note. Primarily I enjoy leading and coaching a team to provide good care. (Participant 140, Manager)*

One participant acknowledged the personal benefits of working in an aged care home.

> *Forming relationships with the residents is fun and interesting. Working as an AIN brings out the best in me. (Participant 58, PCA/AIN)*

What staff enjoy about working in an aged care home are discussed under the following themes:

- Working with people
- Helping older people and their families transition into an aged care home
- Work environment
- Nature of the work
- Providing care and support
- Resident-centred care
- Resources
- End of life

Working with people

Several participants said they enjoy working in a human service. They enjoy meeting people and building relationships with residents, relatives and other staff.

> *I enjoy the people you meet, work with and learning about peoples' colourful lives that they have lived. (Participant 327, Manager)*

Working with older people

Eighteen participants (18) said they "*loved*" specifically working and spending time with "*older people*". Participants described having respect for older people and enjoyed providing care for them.

I have the upmost respect for our elders. If it weren't for that generation our country would not be what it is today, most of them fought, nursed or were at home struggling to keep family going. (Participant 195, PCA/AIN)

I enjoy spending time with and building relationships with older people. (Participant 390, Leisure Activities Staff)

Relationships with residents

One hundred and seventeen (117) participants (43 per cent) described enjoying "*spending time*" "*meaningful interactions/connections*", and their "*rapport*" with residents.

I especially enjoy becoming part of resident's lives and ensuring they live their life to the fullest with the best possible care. I encourage them to do the things that they have always wanted to do (if possible). I also support families/friends of residents by helping them to look at caring in a positive way. We also help them enjoy spending quality time with their loved one. (Participant 313, Manager)

I love being with the residents and enjoying all their quirks. (Participant 357, Registered Nurse)

I love working with the elderly. I love that the residents become part of our extended family and me and my colleagues a part of theirs. It is rewarding to make someone's day. (Participant 94, Registered Nurse)

Participants said they enjoyed being able to form "*a close bond with residents while caring for them*". Several participants described forming genuine friendships and feeling love for residents for whom they provided care.

Just being with residents is so uplifting. It may sound a little selfish on my part, but being with residents makes me feel so good. (Participant 14, PCA/AIN, Food services, cleaning)

I love the rapport I build with the residents. Most of all I love the interactions and friendships (yes, friendships) I have established with many of the residents. I work in a good residential aged care facility. It's miles ahead of some I have seen (but it is still subject to some of the same constraints that others face). (Participant 89, Leisure Activities Staff)

Some participants referred specifically to the friendships they formed with residents with dementia.

I enjoy the daily interactions with high care residents with dementia, and forming friendships with them over time. (Participant 255, PCA/AIN)

Caring for residents and families

Twelve (12) participants described enjoying providing care for both residents and their family.

I love working and caring for the residents and their families. (Participant 217, Registered Nurse)

I do my best to ensure that I build trusting relationships with the families too. (Participant 355, Enrolled Nurse)

I enjoy my daily interactions with residents and their caring families. (Participant 356, Receptionist)

Working with other staff

Sixteen (16) participants described friendships and with fellow staff and the "*camaraderie*" between colleagues. Several participants described admiring the "*passion of staff*". They also described mentoring new staff to provide high standards of care.

Transition into an aged care home

Participants acknowledged that was difficult for some residents to move into an aged care home. They enjoyed making the transition "*easy*" for a new resident.

It is hard for residents to give up their home and come into an aged care facility - everything they own in one tiny room. It is a totally different life than what they are used to. So if I can make the transition easy and their life easier and happier I am winning. (Participant 287, PCA/AIN)

Participants described helping not only residents but also residents' family transition into an aged care home.

Supporting residents and families in their journey of transitioning to living in residential aged care. (Participant 247, Manager)

I enjoy having a real bond with families as I assist them with the transition to aged care. (Participant 32, PCA/AIN)

Participants enjoyed making residents and their families feel comfortable in the new environment.

Being part of the process to settle the elderly comfortably a new environment and their new home. Liaising with residents and their families. (Participant 149, Administration officers)

It is nice to see a resident that has entered care for the first time, often very unsure and anxious, finally come out of their shell and enjoy life. (Participant 326, Leisure Activities Staff)

When residents and families tell me that the best decision they ever made was to come to this residential home. The home is not based on the medical model. (Participant 33, Manager)

One participant enjoyed watching residents and families making new friendships.

I enjoy seeing the interaction between residents, and between residents and their families. I enjoy watching the community develop between residents. (Participant 294, PCA/AIN)

Work environment

Participants described a happy and safe workplace that had good staff morale as integral to providing high standards of care.

Happy workspace

Eight (8) participants referred to the "*family atmosphere*" in the aged care home in which they work.

A happy place, we have a good manager, most staff are very caring. Beautiful location! (Participant 50, Enrolled Nurse)

Love the one big family environment. The laughter, the stories, the sharing, the help we all give each other as we go through various stages of our lives. Love seeing the residents smile and really enjoying their time with us. (Participant 32, PCA/AIN)

My work place has a relaxed and friendly atmosphere. With only 18 residents, I have time to sit with them and chat. (Participant 321, Leisure Activities Staff)

Several participants said the manager and clinical care co-ordinator played an important role in creating a positive workplace.

I have a clinical care co-ordinator and manager who listen to ideas and are quick to act upon them. (Participant 89, Leisure Activities Staff)

I enjoy improving the conditions for staff so that coming to work is enjoyable. (Participant 176, Manager)

Participants also valued workplaces in which staff were encouraged to be creative and innovative.

Being able to be creative in offering leisure outside of the box. (Participant 322, Leisure Activities Staff)

Team work

Twenty-nine (29) participants described the importance of working as a team with "*like-minded people*" who "*look after each other*". Participants said working in a good team environment and being supportive of each other made the job enjoyable.

Overall we have a good team who love their work and really care about residents. (Participant 223, Manager)

I particularly enjoy working with my peers to improve the quality of life of my residents. (Participant 211, Registered Nurse)

Working with a team that actually cares for their residents and truly work as a team. (Participant 45, PCA/AIN)

I like working within a team that does everything physically possible to ensure we can provide the best care we can with so little staff. (Participant 360, PCA/AIN)

We have a team of dedicated staff. A supportive manager ensures this. (Participant 19, Leisure Activities Staff)

Some participants referred to the importance of both direct and non-direct staff working collaboratively.

The staff we have are fantastic. Kitchen staff are gurus, they do a marvellous job, beautiful meals. The cleaners are also wonderful. (Participant 110, Enrolled Nurse)

A few participants said the people they worked with, not the money, motivated them to go to work.

I work with a great team of people. There are some days when the only reason I go to work is to work with that team! We're dedicated, hard working care workers who support each other and love our residents. (Participant 91, PCA/AIN)

Working with professionals from all over the world to deliver quality care. (Participant 232, PCA/AIN)

The staff who work here are definitely not here for the money. So the bonds are fantastic. (Participant 376, Registered Nurse)

Staffing levels

Several participants described the aged care home in which they worked as "*well staffed*" in both numbers and level of training.

Staffing ratio per elder is important to the company. (Participant 108, PCA/AIN)

I work in a small facility. It is well staffed with people who are properly trained. (Participant 115, Leisure Activities Staff)

Spending time with residents

Having sufficient staff on duty enabled staff to spend time with individual residents. This helped staff to gain residents' trust.

Having time to listen and earn client's trust. Making sure the client is safe. (Participant 133, PCA/AIN)

Being able to have time dedicated to the resident. Seeing goals achieved and improvement made by residents. (Participant 158, Physiotherapist)

Ongoing training

Several participants described a good workplace as one that provided ongoing training to staff – both formal and informal.

A lot of on site training is available to all staff. (Participant 108, PCA/AIN)

Educating my staff, encouraging them to up skill and leading the team to make a difference. (Participant 211, Registered Nurse)

Passing on knowledge I've acquired and that shown to me by old school RNs and PCAs. (Participant 213, PCA/AIN)

I am a mature aged worker and I enjoy teaching the younger staff about respect and resident's rights. (Participant 388, Enrolled Nurse)

Staff morale

Many participants described the importance of good staff morale. They acknowledged the important role managers play in determining staff morale. According to participants, staff morale was a factor in determining standards of care in the aged care home.

Staff are happy to come to work. There is a great deal of laughter. The residents are happy. (Participant 108, PCA/AIN)

Clinical skills

Eight (8) registered nurses described enjoying their work because it was "*clinically challenging*". They said working with older people required registered nurses to use their clinical skills. They described residents as often having complex and chronic health issues.

I like that I can independently assess, diagnose, plan, intervene and evaluate as a Registered Nurse. I feel more of a Registered Nurse here rather than in the acute medical ward or ICU where I wait for doctors order to intervene. Also the scale of my patient load is enough so that I can be able to initiate and follow through with changes to improve the lives of our residents. I also love the continuity of care here in aged care. For example, you are able to follow through with a resident's wound from when it started to when it will heal, and initiate ways to prevent the wound. Also,

looking after and talking to the elderly is a blessing in that they impart their knowledge re: life lessons and their wisdom. (Participant 311, Registered Nurse)

Several participants described the importance of "*problem solving*".

I enjoy combining my nurturing side along with using problem-solving skills. (Participant 180, PCA/AIN)

The residents with difficult behaviours can be a real challenge, but I get a real sense of satisfaction in figuring out how they tick.... it's like working out a puzzle.... and I love puzzles! (Participant 91, PCA/AIN)

One participant suggested registered nurses' clinical skills prevented residents from being transferred to hospital.

I love being able to give my residents clinical care to keep them from the hospital. I have a passion for palliative care. (Participant 95, Registered Nurse)

Participants said registered nurses' clinical skills were particularly important when a resident was dying.

Enables me to use clinical skills in a chronic setting. I'm invested in quality of clinical care around palliative care and pain management in aged care. (Participant 37, Registered Nurse)

Responsibility

Two (2) registered nurses enjoyed the responsibility of being in charge on their shift.

Being able to work independently as an after hours manager to ensure that the residents receive the best quality care we can deliver. (Participant 44, Registered Nurse)

Flexible hours

Six (6) participants described enjoying working "*flexible hours*".

I enjoy the flexibility of short, long and differing shifts. And the choice I have as a casual to take or turn down shifts. (Participant 294, PCA/AIN)

My shifts suit my study commitments. (Participant 180, PCA/AIN)

Nature of the work

Participants described their work in an aged care home as "*rewarding*". They enjoyed caring for older people and helping them to have the highest quality of life possible. They also said they enjoyed "*making a difference*" to an older person's life.

Helping people

Thirty-two (32) participants described enjoying their work because they felt they were "*helping people*".

Being able to assist residents at an important time in their lives. Helping them with things that they are no longer able to do themselves and trying to give them a life of quality. (Participant 324, Manager)

Helping to make the residents' end of life as good as it can be and putting a smile on their faces. (Participant 74, PCA/AIN)

I enjoy helping my residents in many ways. A simple conversation, a smile, a laugh, sometimes a cry, a cuddle. Assisting them with things they can no longer do, with things they need a little help with. (Participant 257, PCA/AIN)

The feeling I get from helping/assisting people from my mum and dad's generation! (Participant 207, PCA/AIN)

A participant enjoyed assisting older people to live a "*fulfilled and enjoyable life*".

To be able to assist the elderly to live a fulfilled and enjoyable life where their abilities may be limited to achieve this and their family is unable to commit to their full time care. (Participant 212, PCA/AIN)

A participant said helping people with dementia "*made her day*". Another enjoyed helping residents to smile.

The people I looked after were dementia specific and most had little or no family. So to make them feel good was what made my day and I hope their lives a little bit better. (Participant 70, PCA/AIN)

I work in a secure dementia unit and love being able to help the residents who can no longer help themselves. Finding ways to break through their confusion and bring a smile to their faces. (Participant 81, PCA/AIN)

Making residents feel happy

Thirty-six (36) participants described the enjoyment they feel when they make residents feel "*happy*", "*important*", "*loved*" or "*valued*". One participant described this feeling as "*gold*".

> *Making residents feel happy and important, to see a smile on their face, is gold. (Participant 195, PCA/AIN)*

> *When you can give a resident a good day, the feeling is amazing. (Participant 27, PCA/AIN)*

> *I love seeing my residents smile by a simple touch or word. (Participant 248, PCA/AIN)*

Participants expressed sadness for those residents who don't have visitors. They especially enjoyed making these residents feel happy.

> *To see them smile especially the ones that don't have family visit. (Participant 52, PCA/AIN)*

> *I love to make the oldies happy, as many are isolated or exploited after years of contribution to society. (Participant 252, PCA/AIN)*

Participants enjoyed seeing residents laugh with other residents.

> *Seeing happy residents and helping them when needed. Seeing them laugh and getting hugs from other residents. (Participant 196, PCA/AIN)*

Leisure activities staff enjoyed ensuring residents are "*happy and active*". Food Services Staff enjoyed preparing food that made residents happy and serving meals "*like in a restaurant*".

> *Ensuring the residents are happy and active, enjoying quality activities. I am able to spend one-on-one with them. (Participant 194, Leisure Activities Staff)*

> *Self-satisfaction that I know all the residents get nutritious food every day. Although I cannot make all the residents happy all the time, I know they are satisfied with the quality and quantity of food they have available to them. (Participant 352, Food Service Staff)*

> *Making residents happy with food presented like in a restaurant to make it special. (Participant 4, Food Service Staff)*

Making a difference

Fifty-four (54) participants described their work as "*making a difference*" to older people's lives. They said knowing they have made a contribution towards improving residents' quality of life was "*very satisfying*".

> *The opportunity to make a difference, no matter how small, in the day of the life of our residents. (Participant 362, Registered Nurse)*

> *I enjoy going home knowing I have done the very best I can and that I have hopefully made a difference to their day. (Participant 215, PCA/AIN)*

> *I like to think I make a difference in their day, by giving them the care they deserve, giving a hug or just listening. (Participant 189, PCA/AIN)*

> *I try to make a difference every day to just one person if I can. (Participant 7, Leisure Activities Staff)*

A manager described listening to residents and families and being able to promptly "*sort the issue*". Another described leading "*systemic changes*".

> *I make a difference. I have the authority to ensure residents and families are heard and I can sort the issue straight up. I love a job where every decision I make improves someone's day and improves their life (Participant 188, Manager).*

> *I enjoy being in a position where I can support and advocate for residents. Lead systemic changes in the home to improve residents' lives. (Participant 223, Manager)*

A regional manager described making a difference to both residents and staff.

> *As a Regional Manager I have a broad picture of what happens in many homes and within the business. I feel I make a difference to residents and staff. (Participant 328, Manager)*

Participants described "*creating meaningful moments*" for residents with dementia.

> *Being able to make a difference to people living with dementia by engaging with them in their own time at their own pace. (Participant 99, PCA/AIN)*

> *Most of all making a difference to their lives and creating meaningful moments for them. (Participant 147, PCA/AIN)*

> *I love knowing that what I am doing is making a real difference in their lives. (Participant 248, PCA/AIN)*

Making a contribution

Several participants described "*giving back*" to the older generation and "*making a contribution*".

> *You have the chance to give back to people who have made it possible for us to be here. (Participant 6, Leisure Activities Staff)*

> *The care recipients have given so much in their lifetime. Now I can give back to them. If I can make them smile I am achieving that. (Participant 287, PCA/AIN)*

> *I enjoy being able to give back a bit to the aged community. (Participant 314, Maintenance)*

Worthwhile work

Thirty-nine (39) participants described working in aged care as "*rewarding*". They found it "*satisfying*" doing something "*worthwhile*".

> *Being a carer can be rewarding, and challenging, it is emotional and trying, and allows you to care for the most vulnerable people in society, the residents rely on us to be there for them not just physically but emotionally too. (Participant 114, PCA/AIN)*

> *It is very rewarding knowing that I have contributed to residents having a good day. I enjoy seeing a smile on their face when I enter the room, or have them tell me that they have missed me when I am on days off. (Participant 146, PCA/AIN)*

> *The warm fuzzy feelings of being able to help with everyday chores and make residents' day with something as small as a happy smile, a warm hug or a simple conversation. (Participant 235, PCA/AIN)*

Privilege

Eighteen (18) participants described the "*respect*" they felt for older people. They said working in an aged care home was "*a privilege*".

> *The joy of providing care for those who now need it. I have a huge amount for respect for our elderly and see it as a privilege to provide care, listen to their stories and share time with them. (Participant 28, Registered Nurse)*

> *Meet wide range of people who've lived a full life. I am privileged to hear their stories and help them through the final life stage. (Participant 350, PCA/AIN)*

Participants described older people as having "*contributed so much*" to society.

> *I think it is a privilege to care for our elderly who have contributed so much to our world. I find it rewarding as the smallest thing makes such a difference to our residents. (Participant 308, Registered Nurse)*

> *I love working in aged care because I enjoy the opportunity to look after those who have given so much to society. (Participant 246, PCA/AIN)*

Several participants described older people living in an aged care home as "*vulnerable*". They said they felt "*honoured*" to be entrusted with their care.

> *Having the privilege to care for our most vulnerable people. (Participant 236, PCA/AIN)*

> *I enjoy being able to care for those who need it. I'm truly honoured to be in such a trusted position. (Participant 198, PCA/AIN, cleaning)*

Participants acknowledged that moving into an aged care home was the "*end of life*" and appreciated the privilege of sharing that special time with residents.

> *Being able to be a part of the special journey, usually until the very end, is a privilege. (Participant 317, Manager)*

The opportunity to walk with them in their final years, months or days. (Participant 279, PCA/AIN)

It is a privilege to be part of a person's last chapter on this planet. (Participant 256, PCA/AIN)

Extended family

Six (6) participants described the privilege of feeling they had become a part of a resident's "*family*".

I have been working in the same facility for 15 years, 13 years as a carer and the past 2 running the kitchen. I have seen many changes some good some bad, but have stayed because overall because I find my job satisfying. I have the privilege of being a part of these elderly people's lives. The staff are family to some residents. As much as this can be heartbreaking, it's such a privilege. I can't imagine working anywhere else. (Participant 139, Food Service Staff)

I love that the residents become part of our extended family and I and my colleagues a part of theirs. (Participant 94, Registered Nurse)

I treat my residents the same as I would treat my own mum and dad if I still had them… I love them like family. They are my family. (Participant 7, Leisure Activities Staff)

Conversations with residents

Eight (8) participants said they enjoyed the "*many discussions*" they had with residents. They described learning from these conversations.

I enjoy the many discussions, sometimes in odd places (like in the toilet). (Participant ,251 PCA/AIN)

Forty-one (41) participants said they valued listening to residents tell stories about their "*rich lives*".

I love to hear the stories of their lives - so many interesting tales. (Participant 28, Registered Nurse)

There is nothing better than listening to their amazing life stories. (Participant 195, PCA/AIN)

I listen to their stories, their memories, their fears. They all have such a story to tell. I enjoy being their friend. (Participant 257, PCA/AIN)

I enjoy listening to their lived experiences. I believe that they carry knowledge and wisdom and can tell stories about their history, and their backgrounds that interest me. (Participant 294, PCA/AIN)

Their knowledge and experience of life is just amazing. I enjoy when I have time to stop and listen… I believe I get as much out of it as they do. (Participant 299, PCA/AIN)

Having fun

Ten (10) participants described enjoying "*having fun*" with residents.

I enjoy dancing with residents when entertainers visit. (Participant 80, Manager)

I enjoy getting involved in lifestyle activities and events. Although work is busy it's also great fun. (Participant 305, Manager)

I love the fun and laughter that can be shared. (Participant 28, Registered Nurse)

Playing bowls, dancing and just having fun with elderly people who are happy to have a lark with us. (Participant 263, PCA/AIN)

I have so much fun with the residents. (Participant 7, Leisure Activities Staff)

Meaningful activities

Several Leisure Activities Staff described the importance of providing residents with "*meaningful activities*".

> *Very rewarding to see the residents getting so much enjoyment from involvement in meaningful activities. (Participant 11, Leisure Activities Staff)*

Advocating for residents

Seven (7) participants described being an advocate for residents in the aged care home.

> *Offering not only hygiene care but also being open to playing advocate [for a resident] if needed. (Participant 113, PCA/AIN)*

> *The fact that I can advocate for those in need. (Participant 181, PCA/AIN)*

Feeling appreciated

Twelve (12) participants said they enjoyed feeling appreciated by "*residents*", "*families*" and "*colleagues*". They welcomed positive feedback.

> *A sense of a job well done when one of the residents say thank you and compliments me on my level of care given to them. (Participant 199, PCA/AIN)*

> *Always getting thanked for being so caring warms my heart to know we are trying to make their lives more comfortable. (Participant 112, PCA/AIN)*

> *Positive feedback from residents that I make a difference in their day. (Participant 359, Massage therapist)*

Participants said they felt appreciated when residents and colleagues were pleased to see them.

> *I like going back the next shift and hearing how happy they are to see me, staff included. (Participant 190, PCA/AIN)*

Providing care and support

Ninety-five (95) participants (24 per cent) said they enjoyed caring for older people and providing high standards of care.

> *I enjoy looking after my residents and doing the best I can to make them happy every day. (Participant 369, PCA/AIN)*

Several described helping both residents and their families.

> *I've worked in aged care facilities for over 25 years. There's been huge changes over the years. My biggest love is to see the residents and their families feeling safe and contented. (Participant 285, Leisure Activities Staff)*

> *Caring for the elderly and liaising with their families. It's the type of nursing I really enjoy. (Participant 161, Enrolled Nurse)*

> *Helping the residents have a good and positive experience, and looking after them and their families. (Participant 143, Enrolled Nurse)*

> *The ability to assist and care for people in need and their families. Making new friends. (Participant 384, PCA/AIN)*

Some participants described caring for residents who did not have any visitors.

> *Caring for the residents means a lot to me. Spending time with them while doing activities of daily living is my favourite part of the day. Having that chat may be the most communication they have for most part of the day. (Participant 277, PCA/AIN)*

> *Holding someone's hand or giving someone a hug when they have no one else to give them one. (Participant 153, PCA/AIN)*

Participants described "*their pleasure*" in providing care and support for older people. They liked knowing residents are "*happy and comfortable*".

> *I like my job in aged care. I enjoy caring for the residents and giving them joy when they need it - the personal touches that only we can do. (Participant 62, PCA/AIN)*

Making sure our residents needs and wants are met. (Participant 45, PCA/AIN)

I like knowing that I am assisting the aged in all aspects, make their days that much more easier. (Participant 202, PCA/AIN)

Participants said they liked providing support so residents could continue to engage in things that interest them.

The people who have been working all their lives being supported when they need it. (Participant 376, Registered Nurse)

Supporting residents to continue their interests and hobbies. (Participant 23, PCA/AIN)

Participants said they valued having the opportunity to improve residents' happiness and wellbeing.

I have an opportunity to enhance the daily happiness and wellbeing of the people in my care. (Participant 288, Leisure Activities Staff)

Deliver high standards of care

Participants described the importance of being able to deliver high standards of care to residents. The capacity to provide high standards of care was integral to their enjoyment of their work.

Managers described the challenge of finding innovative ways to improve services and clinical care within the allocated budget.

Trying to find ways to improve their living conditions within the constraints of the budget that has been allocated. (Participant 176, Manager)

I enjoy working with the residents, having the scope to be innovative and creative to continuously challenge and improve the services we offer whilst maintaining quality clinical care. (Participant 305, Manager)

I like the day-to-day challenges and seeing that through great staff care and positive interactions with residents, residents' enjoyment of life is enhanced. (Participant 331, Manager)

I like the way our staff go above and beyond to provide great care. (Participant 19, Clinical Care Co-ordinator)

PCAs said their job satisfaction revolved around doing their job well.

I enjoy seeing the smiles on a residents face when a job has been done well and the resident is made more comfortable or happy. (Participant 177, PCA/AIN)

Knowing that I am giving my absolute best care to one of our most vulnerable communities. Going home at the end of a shift knowing I've brightened at least one person's day. (Participant 373, Enrolled Nurse)

I love the fact that I can show and give my client the best care possible that I am able to give I show them respect and compassion and help them when they are unable to care for themselves. (Participant 10, PCA/AIN)

Dignity and quality of life

Participants acknowledged the importance of residents being safe, maintaining dignity, feeling valued and having the best quality of life possible during their "*end of life journey*".

Being able to make people comfortable and live out their remaining days in a safe and dignified manner. (Participant 220, Registered Nurse)

Being able to give the elderly respect, care and compassion in their end of life journey. (Participant 371, PCA/AIN)

To assist in providing the best quality care and support to residents to live with dignity, safety and to feel valued. (Participant 224, PCA/AIN)

Giving people dignity at the end of their life and helping improve their quality of life as much as possible. They have given everything for their families, they all deserve the best care possible. (Participant 278, Enrolled Nurse)

Participants also acknowledged that residents were often frail and vulnerable.

Show our frail and vulnerable elderly that someone is there to care for them. To show them kindness, protect and preserve their dignity. (Participant 147, PCA/AIN)

I find the whole experience profound. To care for people at the end stage of their life whilst protecting their dignity is deeply satisfying. (Participant 58, PCA/AIN)

Participants said it was important for residents to be as independent as possible. This enabled them to have a better quality of life.

Showing them respect, and dignity is very important to me. Allowing them to be independent as much as possible. (Participant 202, PCA/AIN)

Assisting the residents to achieve (hopefully) a better quality of life. (Participant 116, Occupational therapist)

A Leisure Activities Staff member described the importance of listening to ensure residents do what they like to do.

Listen to what their needs are and follow through with respect at all times by showing understanding and empathy. Ensure everything is safe and doing what they like to do as much as possible. (Participant 194, Leisure Activities Staff)

Inclusive

A participant described providing care that is inclusive.

I like to ensure everybody gets a fair go. (Participant 285, Leisure Activities Staff)

Varied work

Five participants said they enjoyed the varied nature of the work in which "*no two days are the same*". They also enjoyed the diversity of residents.

The work I do and people I interact with are different every day. (Participant 361, Receptionist)

Every day is different. There are sad moments, but more importantly there are magic moments that we will treasure for the rest of our lives. (Participant 313, Manager)

Resident-centred care

Thirty-two (32) participants spoke specifically about the importance of resident-centred care. Resident-centred care focused on developing partnerships between staff and residents. Rather than staff telling residents what to do, the focus is on shared decision making. With resident-centred care, residents have an opportunity to actively participate in their own care in close cooperation with staff.

According to participants, resident-centred care required building relationships with both the residents and their family.

Getting to know residents and their families and contributing to improving their quality of life. Leading a team with a shared vision to provide a high standard of person centred care. (Participant 395, Manager)

Building relationships with the residents, family members and the staff to develop care plans that address the individual's care needs and promote their quality of life. (Participant 345, Quality and Education Co-ordinator)

A manager described the contrast between the care in an acute hospital and aged care.

Unlike the acute setting, with residential aged care it is usually long term care, so you get to know the residents and family/friends/loved ones well. This creates a unique opportunity for staff to be able to provide individualised care (big or small) to cater for specific needs and wants of resident to create positive differences in their lives. This may be that you know exactly how someone likes a cuppa, or being able to appreciate unique talent in music or crafts etc. It is about knowing what can put a smile on each resident's face. That is what makes me go back to work. (Participant 317, Manager)

Another manager described changing the culture in an aged care home from task-oriented to person-centred care.

The residents I care for have the quality care they deserve in a friendly homely atmosphere. I enjoy teaching the staff how to provide person centred, allowing residents to have choice and quality of life. I have changed staff culture from task-oriented

care to person centred giving residents choices at the time and type of care they receive and activities with which they wish to engage. I continue to educate myself and share this with staff to optimise resident care. By being involved in reviewing and developing policy and procedures person centred care is achievable. I have enjoyed bringing our organisation's vision of aged care to an industry gold standard. Driving positive change for residents and their families / carers. (Participant 179, Manager)

Participants described the importance of treating residents as individuals.

I enjoy my work assisting a resident dress in something they have chosen, as if they were still at home. Really just simply treating them as individuals. (Participant 260, PCA/AIN)

I enjoy getting to know residents. It helps me understand what their needs are. Residents don't always want to do activities. Sometime they just want someone to talk and listen to them, understand their worries. This can make such a difference to them. (Participant 298, Leisure Activities Staff)

I can spend lots of time with my clients to find out their liking, dislikes and interests. I attend to their needs and focus on how can I make them happy. (Participant 130, Leisure Activities Staff)

A physiotherapist described the importance of holistic care.

I love to treat the whole person, to maximise their function and mobility as part of a team approach. To enable them to live as full and independent lives as possible by improving or at least maintaining their strength, flexibility and mobility. To listen to their history and stories of their rich lives to date. To discover how they have coped with challenges and hardships we can only barely imagine, especially in rural areas or migrant communities - such as starting married life in a one room slab hut with dirt floor! Training staff in the best possible manual handling skills, and problem solving difficult manual handling tasks. (Participant 30, Physiotherapist)

Continuity of care

Participants compared the continuity of care in a hospital and an aged care home. They said seeing the same residents everyday enabled staff to become familiar with residents and their family and thereby enabled genuine resident-centred care.

I like to get to know the residents... in hospital based nursing, the patients are only there for a few days, but in aged care, it is long term. (Participant 203, Registered Nurse)

Same residents/patients, so already familiar with them, unlike in hospital that you have to know new patients almost everyday. (Participant 307, Registered Nurse)

Familiar with residents and family. Understand their needs more than day-by-day hospital cares. (Participant 171, Registered Nurse)

Participants enjoyed "*getting to know*" residents.

My residents. Being able to give them continuous care and even extra care when possible. Getting to know them and their histories/past life before coming into care. (Participant 268, Enrolled Nurse)

I enjoy the continuity of care. I like being the eyes and ears of my RNs watching for signs of deterioration or improvements, being the frontline. (Participant 58, PCA/AIN)

Resources

Participants acknowledged the importance of having access to resources to enable staff to do their work.

> *At present I work for a not for profit organisation. I am pleased that requests for equipment, education and resources are considered and usually supplied. Staffing is adequate, but residents would benefit from a lower staff to resident ratio. (Participant 211, Registered Nurse)*

> *All equipment is up to date well maintained. (Participant 108, PCA/AIN)*

End of life

Participants described managing residents' end of life with care and respect.

> *I love that I can be the last hand they hold when going to the other side. (Participant 12, PCA/AIN)*

> *Being able to ensure they have a peaceful and painless death. (Participant 77, PCA/AIN)*

> *My passion is palliative care, ensuring my residents die on their own terms, with dignity and respect. Supporting families is important in palliative care. (Participant 211, Registered Nurse)*

Participants described how they made residents' end of life a positive experience for the resident's loved ones.

> *When residents are palliating, I make this a positive experience for the resident's loved ones, by sharing information, giving support, assisting those to have the very best memories possible whilst caring for the resident to an excellent standard. (Participant 179, Manager)*

> *Understanding when it's time to say goodbye. It's a privilege to be there when the time comes to provide not only palliative care but emotional support for their love ones. (Participant 47, PCA/AIN)*

Participants described their sadness when a resident dies.

> *My role can be an emotional rollercoaster when we lose a resident as we do become very attached at times. (Participant 355, Enrolled Nurse)*

Conclusion

In my previous study (Russell, 2017), relatives identified specific factors they believed contributed to excellent care in an aged care home. The most important factor is for all residential aged care homes to be required by law to have quality systems, processes and protocols in place that must be followed by all staff. Other factors identified included:

- A number of trained staff (registered and enrolled nurses, personal care attendants, as well as hospitality, reception and activities staff) on duty to ensure high standards of care
- Competent medical, nursing and personal care
- Person-centred care
- Access to health professionals (GPs, physiotherapists, occupational therapists, pharmacists, psychologists and social workers)
- PCA supervision (e.g. duty manager)
- Minimum of one registered nurse on site 24 hours per day
- Ongoing training and professional development for all staff
- Managers and staff who work collaboratively with residents and their families
- Nutritious and delicious meals
- Comfortable, clean physical environment
- Meaningful, enjoyable activities, including outdoor activities in sunlight and gardens
- Access to hairdressers, pedicurists, massage therapists who attend regularly
- Engagement with local community
- Pastoral care
- Laughter

The results from the staff survey indicate staff consider similar factors are required to make a good aged care home (for residents) and supportive workplace (for staff). Staff identified the following factors:

- A sufficient number of staff (registered and enrolled nurses, personal care attendants, as well as kitchen, reception and activities staff)
- High standards of care
- Supportive manager
- Team work
- Resident-centred care
- Continuity of care
- Time with residents
- Access to allied health professionals
- Ongoing training and professional development for all staff
- Managers and staff who work collaboratively with residents and their families
- Nutritious and delicious meals
- Meaningful, enjoyable activities, including outdoor activities in sunlight and gardens
- Laughter and fun
- Palliative care

The author of this report prefers the term "aged care home" rather than "aged care facility" or "nursing home". Brasher (2016) claims the term "aged care facility" dehumanises aged care. She stated: "Facilities are built to perform functions in the most efficient manner. In contrast, a home is a welcoming place, where friends and family drop in for a cuppa or a chat" (Brasher, 2016). Several participants described the aged care home as a friendly place where residents and staff were like "*family*".

Participants described working in an aged care home as "*rewarding*". The findings show a sense of reciprocity between staff and residents. In one case, a participant described her work as "*bringing out the best*" in her.

The findings suggest that the manager of an aged care home was integral to a supportive and happy workplace in which staff worked together as team. However, managers can only be as good as the system or approved provider allows or supports them to be.

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Appendix 1: Staff Survey

1. What is your role?

- ○ Manager
- ○ Registered Nurse
- ○ Enrolled Nurse
- ○ Personal Care Attendant/Assistant in Nursing
- ○ Leisure Activities Staff
- ○ Receptionist
- ○ Food services
- ○ Cleaning
- ○ Laundry
- ○ Maintenance
- ○ Other (please specify)

2. What do you like about your work in an aged care home?

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3. What don't you like about your work in an aged care home?

4. If you could change 3 things to improve residents' quality of life in an aged care home, what would you change?

5. What type of aged care home do you work in?

- ○ Not-for-profit
- ○ For-profit
- ○ Government owned
- ○ Don't know
- ○ Other (please specify)

6. What is your first language?

- ○ English
- ○ Other (please specify)

7. How many hours a fortnight do you work?

8. How many residents live in the aged care home where you currently work?

9. Is the Manager a registered nurse?

- ○ Yes
- ○ No
- ○ Don't know

10. Does the aged care home employ a clinical care manager?

- ○ Yes
- ○ No
- ○ Don't know

11. Does the aged care home where you work have a registered nurse on site each shift?

- ○ Yes
- ○ No

12. Not including manager and clinical care manager, how many registered nurses work on the following shifts:

Morning	
Afternoon	
Night	

13. Would you recommend this aged care home to your parents?

Definitely yes	Probably yes	Maybe	Probably no	Definitely no
○	○	○	○	○

14. Are there any additional comments that you would like to make?

Thank you for taking the time to share your ideas. The findings will be published on Aged Care Matter's web page.
www.agedcarematters.net.au

Appendix 2: Opinion Piece Hellocare

HelloCare

News | Opinion | Magazine

Aged care homes are places where our most frail and vulnerable older people live. How do we ensure the highest possible standards of care in aged care homes? Some claim a consumer driven and market based residential aged care system will provide 'world class' care; others claim we need effective regulation, government intervention and increased transparency to prevent neglect in aged care homes.

In recent years, there have been numerous heart-breaking stories about aged care homes. When stories about inadequate personal care, neglect, abuse and negligence are reported in the media, the aged care industry dismisses these stories as 'one-offs'. But are they?

To answer this question, we need to hear from people who have first-hand experiences in aged care homes – residents, relatives and staff. They know what day-to-day life is like in aged care homes.

I recently asked relatives about the aged care home they visited. By sharing positive and negative views about aged care homes, and suggestions about how residents can have the best possible quality of life, relatives provide a rich source of experiences to inform policy. I have also interviewed residents.

I am now seeking the views of staff who work in an aged care home. Staff are often hard working, dedicated people doing a very difficult job for not much pay or professional kudos.

Managers, nurses, personal care attendants, kitchen, activities, reception, cleaning and maintenance staff are encouraged to share their first-hand experiences of working in an aged care home. We need to listen to staff's experiences of their day-to-day work in an aged care home. We also need to know more about the working conditions in aged care homes.

There are around 2,700 aged care homes in Australia. Although many are excellent, some operate without enough staff. Unlike childcare centres, hospitals and schools, there is no federal legislative requirement for aged care homes in Australia to have staff-to-resident ratios or skill prerequisites.

Should ratios be introduced? Or are most aged care homes adequately staffed? Would you recommend the aged care home where you work to your parents?

These are the type of questions that need to be answered to ensure an evidence-based approach to aged care policy. Staff who participate in this study will be asked to reflect on what you like about your work,

and what you don't like. I am also seeking ideas for improving residents' quality of life. If you could change three things in the aged care home in which you work, what would you change?

The survey begins with open-ended questions. This gives staff an opportunity to say as much or as little as you like about whatever you want.

All information will be kept confidential. No identifying information about you or the aged care home where you work will be published.

If your first language is not English, you may answer questions using your first language.

I am also collecting information about staffing levels in aged care homes. What is the ratio of registered nurses-to-residents in the aged care home in which you work? Is a registered nurse on site 24 hours a day?

The more survey responses I receive from staff, the stronger the findings. The findings will be used to lobby for improvements in working conditions for staff in aged care homes. Improved working conditions are not only important for staff but will also ensure a better quality of life for residents.

If you would like to share your views, please click here.

Previous Image: A carer stops for a chat as she passes through the lounge room.

Contributor

Dr Sarah Russell

EMAIL CONTRIBUTOR

Dr Sarah Russell is a public health researcher who became interested in aged care when her parents moved to an aged care home. After her father died, she stopped full-time work so she could spend as much time with her Mum as possible. She wanted her Mum's quality of life to be as good as it could be. She wanted her Mum to feel valued and be engaged in her 'twilight years'. The time Sarah spent with her Mum in the aged care home was precious for them both. Although Sarah enjoyed the 4 years she spent with residents and staff, she watched the comings and goings in the aged care home with a critical eye.

HELLO !!
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