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Healthy workforce challenges for the Aged Care sector

Introduction

Aged care is on the cusp of change (DoHA, 2013). As a consequence, *"assuming that staff to client ratios are maintained at their 2007-2008 levels, projections suggest that the current workforce will need to more than quadruple in size by 2050, with nearly 80 per cent of the projected growth required to support the delivery of residential care services"* (Productivity Commission, 2011).

The combination of a larger and ageing workforce presents the Aged Care sector with some significant health risk challenges. If these health risks are left unmanaged they will result in increasing absenteeism and workers compensation claims. In this article we explore these challenges and discuss some potential solutions.

While not a new phenomenon, population ageing is expected to accelerate over the next few decades, particularly from 2020 onwards- the number of people aged 65 and over is expected to increase from 2.8 million (13.4 per cent of the total population) in June 2007 to 7.2 million (25.3 per cent) by 2047. (Productivity Commission, 2011)

Further, as different ethnic groups begin to move into older age cohorts in substantial numbers at different times, reflecting post-war immigration patterns, there will be greater diversity among the largest ethnic groups that makeup Australia's elderly overseas-born population (Rowland 2007). As the Ethnic Communities' Council of Victoria (2008, p. 3) argues, these developments 'will require culturally and linguistically responsive, flexible and consumer oriented age care services' (Productivity Commission, 2011).

The two main service delivery streams for aged care in Australia consist of:

- Home Care
- Residential Care

According to the Australian Institute of Health and Welfare, "community aged care programs are designed to provide alternatives to residential aged care with a mixture of individually-tailored care options to accommodate the diversity of needs and requirements of older Australians. Community aged care has strong connections to residential aged care, with many community care programs specifically designed to enable older people to live in the community for as long as possible."

Many of the health related challenges the aged care sector faces are common across many industries, however engaging an ageing workforce that ultimately become the end user (carer becomes the cared for) is unique to the aged care sector. Some of the key workforce health issues facing the aged care industry include (but are not limited to):

- Understanding the occupational exposure to health risk in both the residential and home care environments

- Understanding and being able to properly manage the health risk exposure of the workforce where, aside from the normal occupational exposures, other aged related health risks can and will impact on the ability of individuals to continue to be able to fulfil their occupational requirements.

Failure to manage these issues presents an organisation with increased likelihood of:

- Absenteeism,
- Workers compensation claims,
- Health issues leading to earlier than anticipated retirement from active work, and
- Reduced time between the worker being a carer and needing to be cared for.

Exposure to risk

In Aged Care Services, 87% of employees provide direct community based home care services as their main activity, of whom 86% were female (ABS, 2009). This simple statistic presents its own set of challenges. It needs to be recognised that home care work occurs within a specific context that has implications for workers.

- Firstly, care is provided in private homes that are not easily subjected to regulation in the same way as residential facilities. Training and work health and safety guidelines need to reflect these differences.
- Secondly, there are hidden costs of providing home care (such as petrol and other car-related costs) that are borne by employees.
- Thirdly, the individual nature of home care raises safety issues for employees. This is likely to become exacerbated as the range of social, health and behavioural disorders of client's increases.
- Female workers in this environment are more susceptible to manual handling issues, particularly in the home, given that there are potentially uncontrolled and poorly identified physical tasks that can change over time without due consideration being addressed in the form of a risk assessment.

Workforce Outlook

The Health Care and Social Assistance industry is now the largest industry in Australia, employing 1,343,400 workers in Nov 2011 (ABS, 2011). Health Care and Social Assistance is expected to contribute almost one in four new jobs over the next five years (4.5 per cent per annum equating to 323,300 jobs). This industry has consistently been the primary provider of new jobs over the short, medium and long term with Australia's ageing population, and associated demands on health care services and facilities, and strong population growth underpinning this expected increase, (DEEWR, Industry Employment Projections, 2011).

- More than 240,000 workers are employed in direct care roles in the aged care sector. Of these, 147,000 work in residential facilities and 93,350 in community outlets.
- The median age for residential direct care workers is 48 while for community direct care workers it is 50.
- Most direct care workers are employed on a permanent part-time basis (72% of those in residential facilities and 62% in community outlets). About half of the direct care workforce in each sector work between 16–34 hours per week.

What are the health challenges?

It is the authors opinion, that the health and wellness challenges present in the aged care industry include (but are not limited to):

- Ageing Workforce (interesting phenomenon where the workforce actually becomes the end user)
- Ageing, female workforce.
- Manual Handling (uncontrolled in home visit/environments)
- Absenteeism
- Casual and ESL (English Second Language) workforce
- Casual and International (casual student workforce with capped hours per week)
- Behavioural issues (e.g. dementia patients) causing injury
- Workers compensation claims
- Need more people in the industry as demand increases and roles within organisations change and community expectations increase
- Next generation will see a greater transition towards "user pay" and self-funded aged care and away from fully government funded and support programs.

How do they present?

From a health management perspective, the health risks present to the employer organisation include (but are not limited to):

- Workers Compensation Claims
- Less than optimal ability to perform tasks
- Health related conditions requiring temporary or permanent cessation of normal work.

Discussion of ABS research and inherent increased risk exposure for Aged Care Industry

In the residential aged care environment, one indicator of the seriousness of work-related injuries and illnesses is the extent to which employees are on WorkCover. ABS (2011) indicates that 54 per cent of facilities had one or more employees on WorkCover during the designated fortnight. This is an increase from 33 per cent in 2007. For each of these facilities involved in the research project, there was an average of 2.2 employees on WorkCover. Although 46 per cent of facilities had PCAs (Personal Care Assistant's) on WorkCover, the proportion of facilities with workers in any of the other occupational groups was much smaller, between 4 and 9 per cent.

In home care environments, the type of work performed and the conditions in which it is undertaken is quite different to what occurs in residential aged care. Workers often work alone rather than in teams; they work in the private homes of service users rather than in a managed facility; and they can only influence the health and well-being of service users for short periods of time rather than being able to have them under constant surveillance. As discussed above, home care workers are exposed to risks in their work that could impact on their health and safety.

The ABS data (2011) indicates that the most commonly reported injuries were:

- Sprains and strains,
- superficial injuries,
- chronic joint or muscle conditions, and
- Stress or other mental conditions

For outlets that had any incident in the last 3 months, the four main causes are:

- lifting,
- pushing, pulling and bending;
- a fall;
- hitting or being hit or cut by a person, object or vehicle; and
- Repetitive movement.

These were similar to the causes identified by workers: lifting, pushing, pulling and bending; a fall, repetitive movement; vehicle accident; and exposure to mental stress.

Both outlets and workers indicated that a substantial minority of work-related injuries and illnesses were due to 'other' causes. With 14 per cent of outlets reporting an incident and 20 per cent of workers reporting an incident selecting 'other', it is possible that the standard measures of workplace safety by Safe Work Australia may not be adequate to identify the problems associated with working in community aged care. Further investigation into the causes and the types of work-related injuries and illnesses in community aged care may be warranted.

So, where to from here?

The 2012 Absence Management Survey reveals that on average, employees in Australia were absent from work for non-work related issues for 8.75 days per annum, with the cost of absence per employee, per annum at $2,861. Overall, this represents a significant cost to employers, accounting

for nearly 4% of total payroll (Direct Health Solutions, 2012). The survey also acknowledges that some 40% of respondents felt that absenteeism was under reported in their organisation.

Australian companies lose an estimated $17 billion per year in productivity to absenteeism (Price Waterhouse Coopers, 2007), and in the US this figure rises to a staggering $74 billion (Hall, 2010), suggesting perhaps that that investment in employee health and wellbeing is a critical part of sound business strategy.

It should be pointed out that a level of absenteeism is unavoidable - people do get sick, do get stomach bugs, headaches, colds, coughs and flu viruses and as a rule, where infectious or communicable diseases are concerned, workers should in fact be encouraged to stay at home rather than coming to work and increasing the infection rate. The need for employer driven intervention to address absenteeism is required when absenteeism is either caused or exacerbated by factors within the working environment. This applies equally to physical and mental health.

There are other whitepapers from 2CRisk related to Absenteeism Management and can be sourced from www.2CRisk.com.au, however the highlights of any sustainable absence management program should consist of:

- Fit for purpose pre-employment or deployment medicals
- Absence management and tracking capability
- Health Management programs aimed at identifying poor health trends before they present in individual workers and populations as absenteeism. This may also include health surveillance, monitoring and interventions aimed at educating workers and providing necessary tools to identify physical (and mental) risks so that they can appropriately managed and monitored.

In terms of what effect absenteeism has on exposing the risks and health challenges to the aged care sector, tracking the underlying causes, which can be health related, tied to other outside circumstances, or affected by employees commitment to their managers and the organisation (workplace culture) becomes the “canary in the coal mine” in that absenteeism is inextricably linked to future workers compensation claims and loss of workers through health related conditions that preclude temporary or permanent departures from work.

Building a defence in depth model

In health risk management terms, a layered health system is often called a defence in depth (DiD) approach, which has been gleaned from author James Reason’s (1990) *Defence in Depth* accident trajectory model, or as it is more commonly known the ‘Swiss Cheese model’. The major benefit of this type of approach is to assist in identifying and mitigating risks, which in the aged care sector, would allow organisations a far better understanding of the types of health risks employees are exposed to and allow for careful monitoring over time to see whether they change, or indeed start to present health issues (through absenteeism or similar) that can impact on the individual’s ability to remain in gainful employment for the longer term.

Put simply, the *Defence in Depth* model, when used in an aged care setting allows the service provider to build in layers of defence to safeguard against failure. Failure in this context can mean absenteeism and poor health, which lead into poor work outcomes, disability and injury claims.

To apply the *Defence in Depth* theory in an occupational health setting, organisations need to instil four critical health defence layers that can improve the ability to control health risks:

- Pre-Employment health screening
- Health Management (including health surveillance, health risk assessments & health & wellbeing programs)
- Injury Management / Rehabilitation (Workers Compensation)
- Exit interviews.

Each of these four key defence layers has the ability to 'catch, retard or retire risk' so that an error trajectory is not achieved and more importantly, the likelihood of a failure is reduced significantly.

Conclusion

As with any employment sector, the over goal should be to keep people gainfully employed for as long as possible. The aged care sector is, in this case, no different from any other sector where this desired outcome reduces recruitment, retention, training and overall health costs in areas such as absenteeism, workers compensation claims and temporary or permanent loss of a worker through poor health outcomes.

One of the specific challenges to both the residential and home care sectors is the ability to properly understand the inherent risks to employees where there are uncontrolled environments. Whilst this obviously presents the need to risk assess workplaces, be they residential or community based, the major challenge for employers is to be able to control, as much as possible, what impact the work tasks have on an individual basis. In order to do this, a baseline of health for each worker is required and this needs to be closely monitored over time. On an individual basis, this can be done through programs such as pre-employment screening, ongoing health assessments (both questionnaires and assessments) and an appreciation of how changes in both the work environment and the individual can impact on their ability to work.

At an organisation level, being able to look for trends in health is critical and will allow for far greater control over designing and implementing health programs that will have a positive impact both for the individual employees and for the organisation as a whole, through factors such as decreasing absenteeism, workers compensation claims and delaying the migration of carers, to being the ones cared for.

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