Aged Care Workforce Sustainability Pilot Implementation Guide

2024

The SA Innovation Hub would like to recognize
the funding support from aria that made this project possible

Introduction

This guide aims to provide the iterated implementation model developed through the pilot and some additional learnings.

The workforce sustainability initiative focused initially on female workers over 50 as the pilot group.

In total 137 workers participated in four implementation groups

- Control (no intervention)
- Be Well Co only
- Roster Stability only
- Combined – Be Well Co + Roster Stability.

These workers participated from 4 Aged Care providers and the following locations (residential aged care Facilities)

- Nuriootpa
- Belair
- Marion
- St Agnes
- Pt Elliot
- Westbourne Park
- Woodcroft
- McLarenVale
- Paradise
- Bellevue Heights
- St Clair

The target

The project worked with female workers over 50 that volunteered to participate.

This group was selected for the following reasons.

- In general this group had extensive experience in the sector and a vocational motivation to work in care
- The demographic is at risk of leaving the sector, often related to care or family responsibility pressures
- The group can be advocates of the culture of care (the organisational interpersonal approach to supporting residents) which is highly important in achieving high quality care and have the ability to model and mentor inexperienced staff in that culture of care. Relationship led care and culture

of care is not imparted in Cert III training so mentoring in organisation is needed and this target group can act as mentors.

NB While this pilot was conducted with this target group in mind, the interventions were seen as widely applicable and of value to the majority of the workforce with a view to being able to expand implementation if successful and viable to do so.

Factors impacting career sustainability in Aged Care

A review of relevant evidence highlighted a wide range of factors that impact on workforce sustainability. These factors were reviewed with the following lens to select how this group might be supported.

- Factors that reoccurred through the literature and appeared in high quality research.
- Factors that could be influenced by the project.
- A combination of responsibility – ie a mixture of worker and institution side initiatives so that mutual efforts showed partnership and shared responsibility between the workforce and employer.
- Previous implementation and research by the SA Innovation Hub identified that there is a strong interaction between Residents Quality of Life outcomes and Staff's Quality of Life Outcomes. Similarly Staff Quality of Life influences the culture of care. Preference was given to factors anticipated to improve staff Quality of Life, having multiple outcomes
    - Intrinsic value of improved staff Quality of Life
    - Likely positive impacts for residents from improved Staff Quality of Life
    - Improved culture of care
    - Increased access to staff for long term rewarding and sustainable careers in Aged Care
    - Improved resilience of the workforce

As a result the following factors were identified

1. Addressing care staff burnout and stress management
2. Supporting the vocational rewards of direct care role
3. Supporting a positive psychology outlook (with QoI benefits, culture of care benefits and team cohesion benefits)
4. Improved work / life balance
5. Reduced stress due to instability (Variable work timing, financial variability and short notice shift extension or additional shifts)
6. Increased skills to manage stress both work related and in personal life

Motivators

Burnout is a significant risk factor for exit of the care sector

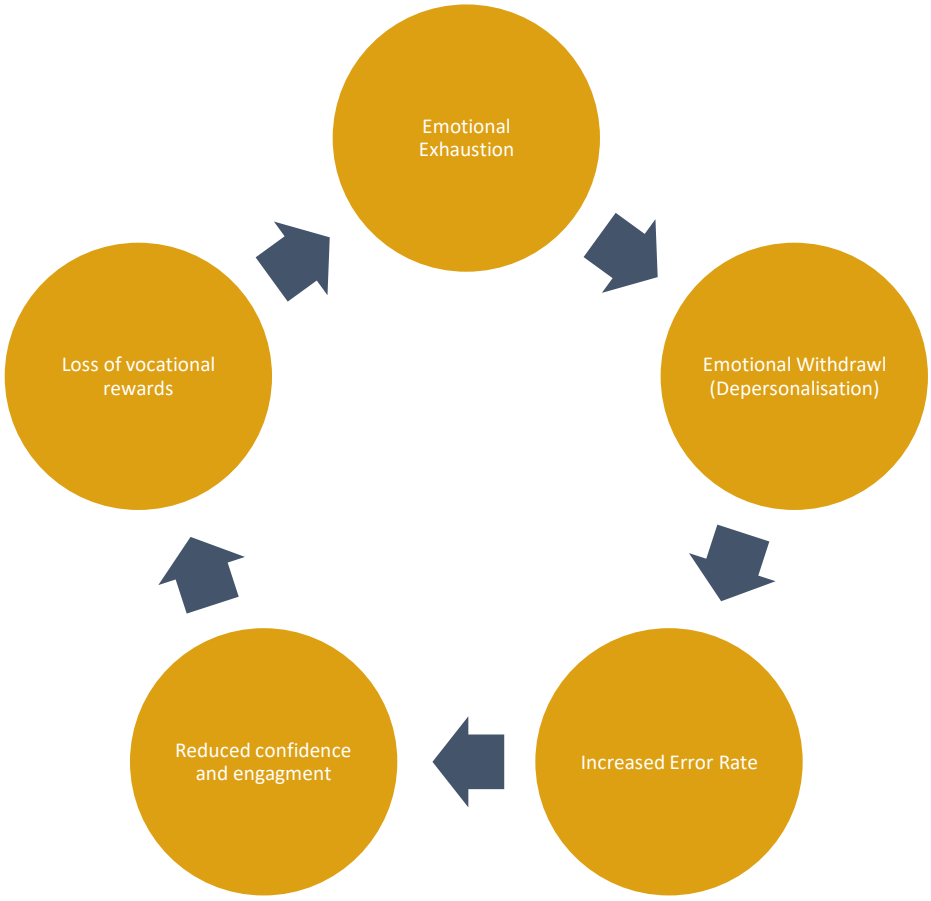
A range of research (including local research by the ANMF and Adelaide University) identifies a set of positive and negative motivators

Vocational positive motivators (Rewards)

1. The altruistic nature of care (doing something worthwhile)
2. The relationship with the care recipient (making a valuable difference to the resident's experience of care)
3. Gaining Expertise (becoming expert in providing care)

Vocational negative demotivators (Impacts)

The primary driver is the cycle of burnout which is a series of influences that can have an accelerating negative feedback loop.



As you can see the cycle above has a range of negative impacts for the experience of working in care and can be triggered by stress, overwork, non-work

related emotional or stress impacts or general exhaustion. Further these impacts effectively undermine the vocational rewards that support staff to find being a care professional rewarding.

Explicitly

1. With increase error rate and reduced confidence, the altruistic reward is undermined (am I still doing something good if I'm making mistakes?)
2. The emotional disengagement erodes relationships (with staff distancing themselves for emotional protection) as does errors and emotional exhaustion.
3. The perceived "failure" on a professional level of making errors, being less motivated and reduced confidence undermines the perception of building expertise.

Once triggered this cycle can be self-reinforcing leading to a rapid demotivation and exit from the sector.

Interventions

The two interventions selected were:

1. **Application of the Be Well Co (SAHMRI) wellbeing program** – offers the development of a tailored individual positive psychology plan from a large range of validated psychological tools. There is also a focus on skills and resources to address negative psychological impacts (stress, grief and loss which are frequently experienced by the Aged Care workforce). In combination the program aims to support individuals to enjoy greater access to positive psychology and the resources to cope with and overcome the negative impacts of working in care and everyday challenges of life.

The Be Well Co program is largely a participant initiative with the staff member committing to and undertaking the personal development work.

This was supported by the provider with the training of in-house program facilitators, access to replacement staff to allow participation on-shift and a $100 incentive to reflect personal time committed.

2 . **Roster Stabilization program**. Participants undertook a roster review with the employer and agreed on a stable roster for a 6 month period. The employee could request changes (subject to normal Human Resources / Roster Processes) but would not be asked to extend shifts, accept additional shift or have their roster varied on a fortnightly basis by the employer. Employers did retain the ability to work with and adjust rosters once per 3 months if necessitated by changing care need. Additionally, the employer was able to suspend the stable roster program should an extensive COVID outbreak or other external impact place staff safety or client care at risk if the program was not suspended.

The aim of this intervention was to address the impacts of unpredictable work volume and timing which emerged as a major negative factor in research for Australian care staff. These impacts include:

- the financial insecurity of casualised and at times low paid work i.e. can I meet my financial commitment next month with no guarantee of the number of hours I'll be rostered.
- The social and family impacts of an inability to plan e.g. not attending a mother in laws 70th birthday as planned due to roster changes
- The risk of more work than preferred due to shortages of other staff, acceptance of additional shifts or extended shifts to increase income, support the team, ensure quality care of the residents or perceived risk to job security if declined. Excessive workload and perceived pressure to accept unwanted work increase stress and exhaustion – risk factors for burnout.

Implementation overview

Locations

Participating providers locations were selected and volunteers participants sought. Consideration was given to site selection where the anticipated benefits of the intervention would be of value and where there was sufficient number of the target workforce (female frontline workers over 50)

The sites were then allocated interventions in the following groups

- Control (no intervention)
- Be Well Co only
- Roster Stability only
- Combined – Be Well Co + Roster Stability.

Lessons learned: careful consideration of the impacts in adverse situations is worthwhile. COVID impacts and staff shortages did result in significant delays and the transfer of a site group from the roster stability only group to the Be Well Co group. To some extent these external impacts were unavoidable and managed, but the potential should be considered when planning.

Stable rosters are of high value to a portion on the workforce (estimates suggest the majority up to 65-70%) but they are perceived as a negative to some workers (seeking to maximise availability / income or flexibility est ~15%). The benefits experienced were from an opt-in group and care should be taken to avoid a one-size fits all model

Planning

A team of Hub Members staff were selected to undergo Be Well Co facilitator training across the 4 organizations. The training by Be Well Co was seen as very high standard by the participants and created the capacity within the organisation to

deliver the program and support participants onsite. Further communication across the site leadership to be aware of and support the release of staff to attend the program (and roster planning for suitable coverage at these times

The roster team at the locations to undertake the roster stability initiative reviewed and adjusted their processes to have the capacity to offer the stable rosters and also advise and support on-the-floor-leaders to understand and identify participants that should not be approached for shift extensions / additional shifts. Communication across work teams was also provided to avoid peer to peer pressure to change or accept additional shifts.

Lessons learned

A lapel pins were provided part way through the project to help support and remind other staff that the roster stability program staff were taking part in a research project and should not be requested to change roster. In future we would recommend having these available at commencement.

Communication and culture of care work at sites is very important to support the initiative. Leaders that view either intervention as an inconvenience had a negative impact for participating staff and similarly peer pressure from co-workers can also undermine some of the benefits of either intervention and management of these factors in context of the site will improve outcomes.

Process

Participants were emailed the project information, consent to participate and assigned a participant number and intervention. The email included a request to reply to indicate consent and a link to the SAHMRI website survey system to complete the pre-survey for all participants.

Participants were then contacted by the site lead to :

- Attend the planned Be Well Co training
- Meet with the rostering team to review and stabilise roster
- Both of the above (Combined Group)
- No further action for the control group

Be Well Co sessions were provided with staff cover whilst on shift to support staff participation. Having a on staff facilitator was also beneficial and helped build positive relationships and support onsite. Facilitators found the process rewarding and valuable professional development.

Lessons learned

Allowing additional time at the 2 sessions where staff need to have completed the Be Well Co evaluation (this is not the research survey) and having good IT access is important as some staff, despite good support did not complete the Be Well Co evaluation prior and could not proceed until they did so.

Meeting with the Roster Teams to review and stabilise rosters does require some planning. Preparing the roster team with a briefing and an outlook (or similar) booking system and sufficient resources to meet with participants was the most successful approach.

Good briefing for and understanding by the roster team is important. Sufficient review and adaption of the rostering system prior to commencement was needed by most organisations to support the identification of the individuals for roster teams and on floor leaders is important to supporting the initiative.

Those participants that took part in both interventions did need additional planning time to allow both scheduling (and back fill for) the Be Well Co sessions and meeting with the roster teams to set stable rosters (both impact on the rostering team and on rostered staff (backfill + reduced flexibility) so this intervention is recommended on larger sites to avoid excessive impact on casual staff.

Data collection

SAHMRI and the Caring Futures Institute (Flinders Uni) worked with SA Hub project group to identify and compile validated tools to measure a range of indicators pre and post including

- Participant Quality of Life
- Relative positivity of psychological state
- Indicators of Burnout
- Intention to stay in current employment

These were combined and made up the pre and post project evaluation surveys that all participant undertook.

Lessons learned

Having access to the high quality SAHMRI online survey system was immensely valuable. This provided easy and convenient universal access for staff to complete the survey at their convenience and on any device.

This avoided very significant volumes of administration with the distribution, support to complete, collection and data entry of paper survey data.

There were tradeoffs. Due to the intended de-identification of data from employers (to support staff perceived safety and willingness to be honest without fear of negative impacts) and requiring SAHMRI staff to access the system on behalf of the project it was difficult to execute timely follow up for those who did not complete the survey.

It was also difficult to problem solve errors or confusion ie verifying a person had completed the survey successfully or at all.

As a result far more and less targeted communications to participants were needed e.g. a reminder to all participants at a site rather than those who had not completed

The best process (developed through feedback and iteration)

- Pre awareness via newsletter, site meeting and info at staff meetings
- Pre SMS message to staff from site
- Email from SA Hub (with supporting site SMS)
- Reminder approx 5 days later (email and SMS) – ideally targeting only those who did not complete survey
- Last call reminder at approx. 10 day with 2-3 day window to complete

The project recognised that staff in this group face many demands (in part why the target group was selected). As a result the research survey was supported by a $100 gift card to reflect the time and effort staff go to completing the survey and taking part in interventions. This was broadly successful, and some staff saw this as a meaningful acknowledgement. This did require a significant amount of logistics but was worth the time and effort.

By allowing additional time at the last session of the Be Well Co program to complete the post survey and having the gift cards immediately available was the best way to reinforce the value of the research and facilitate high response rates.

Having to find the time to complete the survey or wait for access to the gift cards increased the risk of non-completion.

Timing

Despite a planned approach, timing across organisations was variable. Reasonably flexible windows to allow variations by site eg starting roster stability in a particular month, did not always succeed.

Variability in the leadership and project management capacity at each site and the degree of upper or lower management support needed by the site leader varied significantly. Local site impacts (training, COVID outbreaks, extent of adaption of roster systems needed and staff shortages) are significant and should be considered in planning. Ultimately allowing flexibility to adapt to these improved site outcomes but did increase project management complexity across the 11 locations.

In one particular case repeated and significant COVID outbreaks resulted in adjusting the project, spreading participant across 3 locations with smaller groups at each site to avoid extra load on exhausted staff at the target site.

Project Management

A significant challenge for the project was changes in the Human Resource / People and Culture leadership and Teams at the participating providers and the at the time shortage of these leaders in the sector for recruitment.

Whilst overcome, the instability, delay and repeated work to orientate and also act as site co-ordinator in the absence of site staff significantly increase complexity.

Two of four members of the project committee exited and a 3 organisation changed site coordination person in the project. Further several of the facilitators exited including both at one of the participating providers (losing that capacity)

While redundancy was designed in at a site level (with at least two site for each intervention group and four sites for each intervention (including combined) loss of HR leaders, HR Staff, Site Project Leads and project staff changes was not fully anticipated.

Lastly the redundancy through multiple sites was successful but it worth noting that the Roster Stability Only intervention lost the Barossa Site (transferred to the Be Well Co group) and the second site was subject to repeated COVID impacts, delays and distribution of the sample group across multiple sites to reduce impact of the intervention.

The inclusion of two further roster intervention sites (combined with the Be Well Co) was essential to have a sufficient sample as well as additional sites for control groups in the same time period.

Summary

The project was challenging but worthwhile.

The design stage work with on-site teams heavily influenced and adapted how implementation would be done and this avoid many issues through good input from operational staff. The inclusion of redundancy at design sign was also vital to success and the unexpected happened, repeatedly.

Management of implementation by site / intervention was a good choice with great support from local site leaders having scope to fit the culture and circumstance of the site's needs, processes and team dynamics.

Enthusiastic site project leaders and in-house training Be Well Co Facilitators were able to influence site management and staff peer leaders with positive results for the site and the experience of staff.

The dual approach of staff focus initiative (Be Well Co) and intuition lead initiative (roster stability & backfill and completion of Be Well Co on roster time) supported a positive mutuality and positive cooperation between staff and leaders at most sites.

The gift cards assisted in the completion of the research aspects and recognised the contribution of staff (which is often overlooked in research projects).

Key improvements would be

- better feedback to support targeted reminders for those needed to complete surveys.
- Sufficient site lead time to adjust systems and communicate with leaders and staff to gain support for the project
- Use of the communication approach learned through the project for best support for staff to participate successfully
- Allowance for time to complete the Be Well Co Assessment in the session and the research survey in the last session to maximise value.

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- Rebecca Mathie (Resthaven) – project coordination
- Sylvia Powel (Resthaven) – Organisation Lead and project committee
- Jillian Summer (Resthaven) – Be Well Co Facilitator
- David Rundle (Barossa Village) – organisation Lead and project committee
- Alan Morgan (Barossa Village) – Acting organisation lead, site project coordination and Be Well Co Facilitator
- Lisa Ognjanovic (Barossa Village) – Be Well Co Facilitator and acting site project coordinator
- Alexandra Jones (Kalyra) - Organisation Lead and project committee
- Shin-Yi Ong (Kalyra) – Be Well Co Facilitator and acting organisational lead
- Emma Bennett (Kalyra)- Be Well Co Facilitator and acting site lead
- Glynis Rosser (Bene) - Organisation Lead and project committee
- Bobby Chowdhury - Be Well Co Facilitator and site lead

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The Project Report detailing the outcome sis available on the SA Innovation Hub Website. www.sainnovationhub.com

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