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Supporting the Retention of the Aged Care Workforce Through Workability





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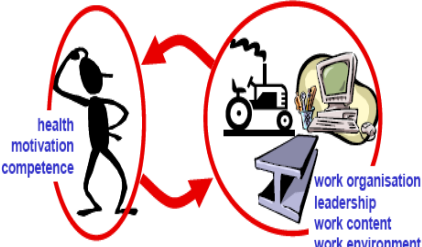
Structure

1. What is Workability?
2. Applying Workability to retain aged care workers
3. Significant factors in Workability in Residential Care
4. Interventions
5. Applying Workability in your Organisation

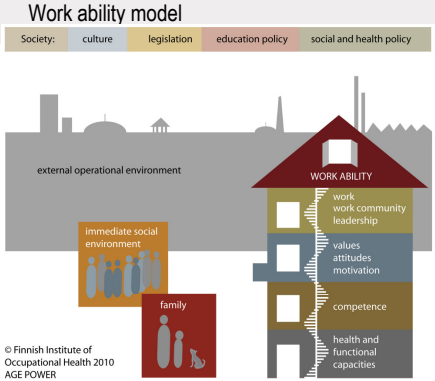
1. What is Workability?

- Evidence based practice implemented in Finland since the mid 1980s based on workability concept and measures of workability.
- Workability is the balance between an individual's resources, including health, skills and experience and organisational demands.
- Multidimensional concept based on the workability 'house'. Holistic organisational approach - internal workplaces and external environment
- Workability measure-the Work Ability index, quality assurance measure.

Work ability concerns the fit between the worker and their work



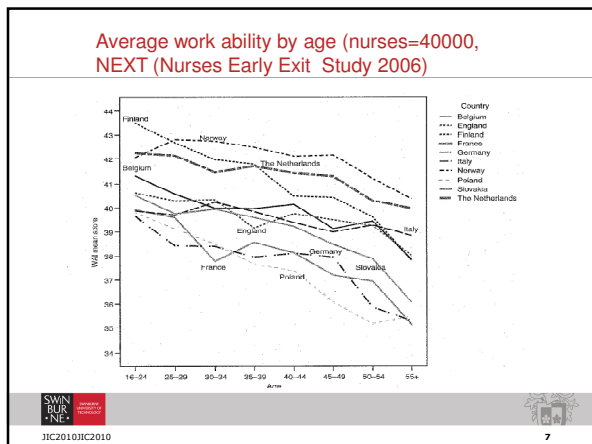
Work ability model



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 AGE POWER

Family - 14 %	Networks 12 %
Work Ability	
Work	physical demands mental strain supervisory sup 33 %
Values	work enjoyment work enthusiasm 14 %
Competence	Expertise Education 13 %
Health	symptoms Functional capacity 39 %

Explanatory power of the regression models for the work ability, people aged 30–64-years.
 N=5199
 Finnish Health 2000 Survey



2. Applying Workability to retain aged care workers

Matching Employees and Training to Employers for Ongoing Recruitment and Retention (METEOR)

- Australian philanthropic funds: VicHealth (2007-2011) and J.O and J.R Wicking Trust (2008-2010) (ANZ Trust) 'Trials of more effective means of recruiting, training and retaining aged care professionals'.
- Life course approach, priority emphases on workers 45+
- Current progress retention and interventions, Workforce Development Framework- workability training, measurement, interventions.

Workability

Workability Index

Current workability compared to lifetime best
Own prognosis of work ability two years from now
Work ability in relation to the demands of the job (mental & physical)
Diagnosed diseases, extent of impairment, mental health measures.
Scores-Low= 7-27, Moderate -27-36, Good- 37-43, Excellent -44-49.

Workability Survey

Organisational survey: Work demands, working time, pace of work, emotional work demands, psychosocial factors, trust, support and recognition, control, influence, training (Validated European surveys)

Qualitative interviews

(What would keep you working two years?)

Workforce development framework cycle

- Workability training (45 minutes)
- Workability Survey (20 minutes).
- Data analysis and report
- Design interventions
- Pre and post measurement of interventions
- Quality assurance benchmarking

Aged care contexts

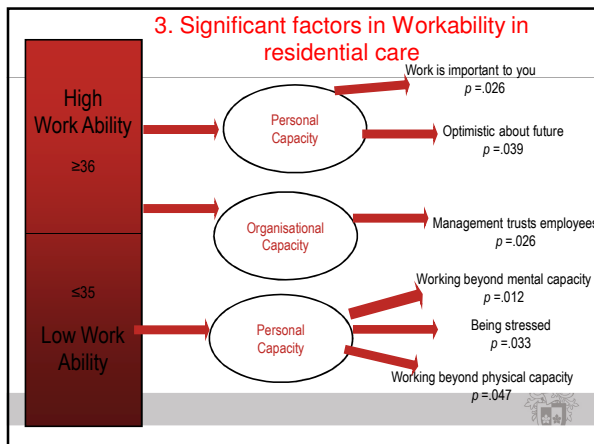
- Residential care facility, 120 bed high and low care, 80 staff, median age-49 (n=32),
- Private national home community care agency 2000 staff, median age - 48 (n=29)
- Physical aspects residential care, more lifting heavy loads (44%-21%) more standing in residential care (88%-58%), repetitive (66-62%).
- More working externally with others in home care (60%-33%)
- Work include showering, bathing and lifting similar proportions moving/supporting clients, residential to home care (47% -24%) x 2.
- Pace of work high in both (60%) (always, often)
- Regulatory operational environments, rationing care

Predictors of workability

Variable	B	t	Semi-partial correlation
Uneven distribution	-0.59**	-3.32	-0.12
Physical capacity	-0.57*	-2.46	0.12
Respect by management	1.24**	3.31	-0.06

Note: *p<.05, **p<.01 n =59 (home and resi care)

- Together, these three predictors explain 42 percent of the variance in workability with respect by management contributing the most to the model (B= 1.2) followed by uneven distribution and physical capacity (B= -.58, B= -.57 respectively).

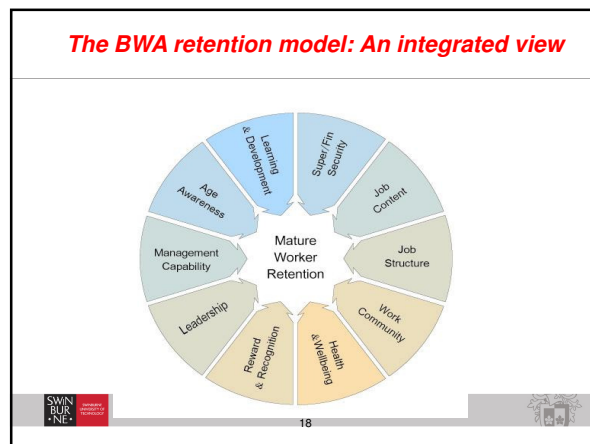


- ### 3. Work environment of residential care workers
- 'Being stressed' (53.6%), 'work affect health-stress (46.9%), conflicting priorities (21.9%), high pace of work all day (60%), have to work very fast (71%) (Always, often).
 - Are contradictory demands placed on you - 34% versus 10% home care.
 - Meaning of work high (93%) (very large extent, large extent)
 - Feel part of community at work- 87.5%, Organisation respects you -87%
 - In general, not working beyond physical capacity (15% somewhat) yet backache (37.5%) and muscle pain (45.2%), and work injuries (21.9%).
 - Training – 28% need more training to cope
 - High pace of work, contradictory demands, high meaning

- ### Organisational policies
- Information and communication flows, 68.8% get information,
 - How organisations deal with stress or not provide support for job stress, 37.9% (v lg extent, lg ext).
 - Fairness toward staff in the distribution of work within highly regulated and time rationed environment, 74 % say work is distributed fairly.
 - Work community yet contradictory demands in residential care, rationing of funding limits to control, despite support.



- ### 4. Intervention areas
- Support to control incessant pressures and multiple conflicting demands (eg role realigning)
 - Attention to work injuries
 - Organisational support for information flows
 - Even distribution of work.





4. Interventions

Internal activities
 ***Positive verbal feedback from Management

Workplace actions
 Transfer of staff to high care
 Provide counselling services
 Permanent staffing structure versus agency staff More staff hours on the rosters AM & PM
 Flexibility of rosters
 Management support/action when residents who are aggressive are identified as staff risks.



Improved communication systems
 e.g. email, calendar, iCare.

4. Interventions

Ergonomics
 Availability of equipment when you need it
 Equipment well maintained
 Workplace design
 Task rotation to vary physical demands
 Task rotation to vary mental demands

Training
 Manual handling refreshers
 Personal hygiene refresher
 Professional Behaviours Training to improve working relationships with each other.
 Workability



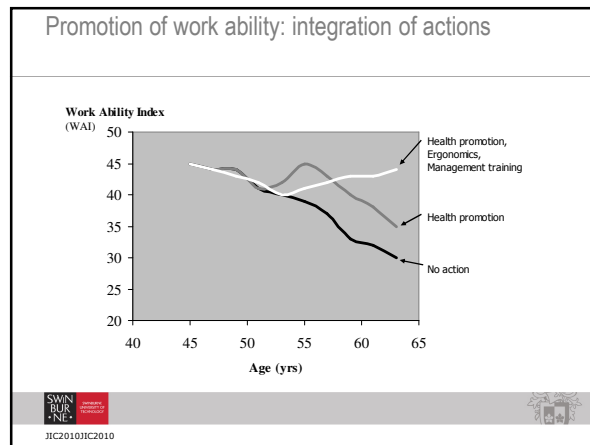
4. Interventions: Workability

"I feel we are improving our teamwork as they are coming into the team where I worked before older workers worked in one way and younger workers in another way. They didn't intercommunicate. I didn't see them working as teams" (Fourth and Third floor-values and attitudes)

"I definitely see a change from when we started workability-in attitudes towards each other in the workplace. There is an influx of ideas some come on board and change the culture."


"The focus is not only on caring for residents but also for one another, the staff as a whole".

Holistic framework, communication across the four floors, managing age relations of older/younger workers






5. Supporting the Retention of the Aged Care Workforce through Workability

- Integrated multidimensional approach applied in aged care organisations (not just OH and S)
- Identifies significant factors and barriers to high workability affecting retention
- Interventions counter pressures in operational environment affecting personal care workers
- Quality assurance cycle of Workability



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Matching Employees and Training to Employers for Ongoing recruitment and Retention





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