



Australian
Nursing &
Midwifery
Federation

NATIONAL AGED CARE COVID-19 SURVEY 2022

EXECUTIVE SUMMARY

March 2022



Australian Nursing and Midwifery Federation National Aged Care COVID-19 Survey 2022

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Suggested citation: Peters MDJ and Marnie CM for the ANMF Federal Office. Australian Nursing and Midwifery Federation National Aged Care COVID-19 Survey 2022. Australian Nursing and Midwifery Federation; Melbourne. 2022. Available: https://www.anmf.org.au/documents/reports/ANMFAgedCareCOVID-19Survey2022_FinalReport.pdf DOI: 10.37464/ANMF.132022.1

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Executive Summary

Introduction

On 18 January the Australian Nursing and Midwifery Federation (ANMF) launched a survey to explore the experiences of nurses, midwives, and assistants in nursing/personal care workers/aged care workers regarding the unfolding COVID-19 pandemic. The survey primarily focussed on the period of time since 1 December 2021 which roughly marks when many Australian State/Territory borders and social restrictions were eased and the SARS-CoV-2 'Omicron' variant of concern began to emerge in Australia. This report focusses solely on responses gathered from participants who worked in aged care. The background section of this report provides details and analysis regarding the unfolding COVID-19 crisis in aged care.

There are over 310,000 ANMF members across the eight state and territory branches with around 40,000 working in aged care. This report is based on the data collected from participants who self-reported primarily working in aged care (residential and in-home/community).

Australia has faced immense challenges throughout the COVID-19 pandemic which began in Australia in January 2020, most particularly older Australians. Older people and especially those living in nursing homes are especially vulnerable to COVID-19 due to age, frailty, and multiple conditions. The fact that they are living in close quarters to others where health and personal care services must be regularly provided means that infection prevention and control can be challenging especially when there are not enough of the right kinds of staff to provide safe, effective, dignified care.

The background section of this report has used data regarding the COVID-19 pandemic, outbreaks, case numbers, hospitalisations and deaths to provide analysis and insight into the nature and magnitude of impact of the pandemic on Australia and the aged care sector throughout the period the survey was open. Understanding this background information is important for interpreting the context within which aged care workers were living in the lead up to and throughout the 'omicron wave'.

This survey focussed on a range of issues including: vaccination uptake, infection and exposure isolation and quarantine, work experiences with infection prevention and control including with personal protective equipment and workplace policies, challenges in the workplace, intention to leave, and staff-proposed solution to the challenges faced working in aged care during COVID-19.

Methods

The online survey opened on 18 January and closed on 11 February 2022. The survey's 43 questions were developed by the ANMF Federal Office Research Unit and Rosemary Bryant AO Research Centre in consultation with representatives from the ANMF Federal Office and ANMF state and territory branches. The survey was designed to replicate some questions posed in the ANMF/Rosemary Bryant AO Research Centre's 2020 COVID-19 survey with updated items to capture contemporary developments around the COVID-19 context in Australia.¹ The ANMF promoted the survey online via social media and websites. Data analyses in this report used descriptive quantitative and qualitative techniques.



Results

Demographics

985 participants answered at least one survey question with 938 participants making it to the end of the survey.*

- The average age of participants was 48 years. The largest groups were people aged between 50 and 59 years (30%/n=261) followed by 60-69 years (21%/n=188), 40-49 years (21%/n=187), 30-39 years (19%/n=171), and 18-29 years (7%/n=63).
- Around 47% (n=443) of participants were registered nurses (RNs), 27% were enrolled nurses (n=257), and 25% (n=229) were care workers (i.e. assistants in nursing, personal care workers/aged care workers).
- The largest number of participants mainly worked in South Australia (45%/n=420), New South Wales (35%/n=327), Victoria (10%/n=94), and Queensland (5%/n=51).
- The majority of participants worked in residential aged care 91% (n=901) and 9% (n=87) worked in community/in-home aged care. 98% (n=968) had been employed since 1 December 2021, while 2% (n=19) participants reported that they had not been employed.
- Of 959 respondents most participants (62%/n=591) reported that they worked for a private not-for-profit aged care provider. 27% (n=257) worked for a private for-profit provider and 9% (n=87) worked for a public/government owned provider.

Intention to leave

- While 39% (n=386) of participants reported that they did not intend on leaving their current position within the next five years, 37% (n=368) reported plans to leave within 1-5 years and 21% (n=203) reported planning to leave their position within the next 12 months.
- The largest group of participants (43%/n=428) reported that they did not plan on leaving their profession (E.g., nursing, aged care) to work in another field. 27% (n=266) reported that they were 'undecided' and 16% (n=160) reported that they planned to leave their profession. 13% (n=126) plan to retire.
- The age groups between 18-29 years (37%) and 70+ (40%) contained the largest proportion of people who reported intending to leave their current position within the next 12 months.
- Intention to leave a current role in the next 1-5 years ranged from 29% in the 18-29 age group to 48% in the 60-69 age group.
- Intention to leave the profession was relatively consistent across most age groups (18%-20%) with the age groups over 60 years least likely to report intending to leave their profession but more likely to report plans to retire.
- Personal care workers are the employment category with the largest percentage of participants (24%) who reported intending to leave both their current position and profession (i.e. aged care) in comparison with other job categories.
- Registered nurses included the largest percentage of participants who reported intending to leave their role within the next five years (39%) and/or retiring (15%).

* Because participants could skip questions, percentages in the results are expressed in relation to the total number of participants who responded to that question alone.



COVID-19 vaccination and testing

- Most participants (72%/n=708) had received three doses of a COVID-19 vaccination while 27% (n=266) had received two doses.
- Most participants (79%/n=772) reported that their experiences of accessing COVID-19 vaccines were 'good' to 'excellent'.
- Many participants accessed COVID-19 tests from multiple sources as multiple responses were able to be selected for this question. 73% (n=689) of respondents reported that their employer provided RAT kits.
- 109 (12%) participants reported solely relying on mass testing sites (no tests from employers or self-purchased) and 45 (5%) reported relying solely on self-purchased RAT kits.
- Most participants reported that their experiences of accessing COVID-19 testing was 'fair' (23%/n=218) or 'good' (26%/n=243). 25% (n=232) reported access to COVID-19 testing was 'very poor' or 'poor'.

COVID-19 infection

- While most participants (83%/n=815) reported that they have not been diagnosed with COVID-19, 15% (n=145) reported having been diagnosed with COVID-19. 83% (n=135) of those infected reported being infected after 1 December 2021.
- 84 (52%) reported they believed they had been infected at work.
- Most participants (n=808/82%) reported that members of their immediate household had not tested positive for COVID-19 since 1 December 2021.
- 13% (n=124) participants reported that they have had to go into isolation/quarantine because of COVID-19 since 1 December 2021 due to being diagnosed. 18% (n=177) had to go into isolation/quarantine because of COVID-19 since 1 December 2021 because they were a close contact of a case.

Workplace experiences

- While 69% (n=616) reported that their workplace had an identified Infection Prevention Control Lead, 9% (n=77) of participants reported that their workplace did not have one. 23% (n=206) did not know if there was an IPC Lead at their workplace.
- 89% of participants reported that their workplace IPC Lead was a nurse, however 3% (n=17) of participants reported that their IPC was an AIN/PCW/ACW.
- Participants reported a diverse array of work experiences in terms of shift length, rostering, and overtime. Of the selection provided, the top five were: mainly 8-hour shifts (48%/n=450), long periods without sufficient breaks (42%/n=399), double shifts (40%/n=375), paid overtime (39%/n=363), and unpaid overtime (35%/n=325).
- 61% (n=584) participants reported that their working hours were 'a bit more' or 'a lot more' than they would like. (35%/n=334) of participants indicated that their working hours were 'about right'.
- A quarter of participants (25%/n=245) reported that their employer had asked them to cancel or delay planned leave or return to work from leave due to COVID-19.
- 22% (n=216) reported that their employer has a policy that asymptomatic workers can/should return to work before the end of their isolation period.
- While most participants (89%/n=725) reported that their employer had not asked them to return to work during their COVID-19 isolation/quarantine period while 11% (n=87) responded that they had been.



- While the largest group of participants (38%/n=371) reported that their employer did not provide leave with pay due to exposure COVID-19 and subsequent isolation, slightly smaller proportions did not know, or said that their employer did provide leave with pay.
- Most participants (77%/n=750) reported that their employer provided information regarding policies for testing and isolation.
- While the largest group of participants (31%/n=232) reported that their employer's information regarding policies for testing and isolation was 'very clear' a similar number reported that the policies were less than moderately clear to 'very unclear'.

Managing COVID-19 in aged care

- Most (59%/n=563) participants reported that their workplace had experienced a COVID-19 outbreak since December 2021.
- Most participants (78%/742) reported that their workplace had an up-to-date outbreak management plan in place since December 2021.
- While the largest group of participants (44%/n=416) reported that they always typically had enough PPE at their workplace, around 20% of participants reported never, rarely, or only sometimes having enough PPE.
- While the largest group of participants (41%/391) reported that they always typically had the right types of PPE (e.g., gloves, gowns, masks, respirators) at their workplace, around a quarter of participants either never, rarely, or sometimes had the right types of PPE.
- Almost equal numbers of participants reported that their workplace's PPE policy did (42%/n=398) or did not (41%/n=393) include the need for both fit testing and checking.
- Most participants (36%/n=342) reported that their workplace often typically had the right size of PPE. Thirteen percent (n=119) of participants reported 'never' or 'rarely' having the right size of PPE and 24% (n=232) reported only sometimes having the right size. Only 27% (n=259) reported always having the right sized PPE.
- The largest group of participants (38%/n=361) reported that their employer had a policy for breaks while working in PPE while 31% (n=296) said their employer did not have a policy.

Workplace challenges and solutions

- A lack of staff and agency and surge workforce was repeatedly mentioned as the most significant challenge faced by aged care workers when dealing with COVID-19 and was a fundamental contributor to the degree of crisis faced by the sector.
- Respondents reported a lack of availability of appropriate PPE, where PPE did not fit and was reportedly rationed by employers. Respondents also found it difficult to adhere to appropriate use of PPE when forced to work long days without adequate breaks.
- Respondents were fearful when considering how they would support themselves when required to isolate with no reimbursement from government or their employer and felt injustice when they were not appropriately compensated for working overtime and double shifts.
- Respondents were confused by the poor communication they received from management, which was compounded by the constantly changing guidelines and health directions received from the Government.



- Respondents were concerned for the wellbeing of residents and their families but were often met with verbal abuse from families frustrated in adhering to visitation and other restrictions. Respondents were also concerned for the welfare of their colleagues, and their own family who they felt they were placing at risk.
- While many responses suggested solutions to the challenges they faced, the collective voice of responses indicated that participants felt unseen, unvalued, and cast aside in dealing with the pandemic.
- Overwhelmingly responses called for increasing the number and availability of staff in aged care. More staff were required to cover shifts when regular workers could not attend due to isolation, sickness, or needing days off. More staff on shift was also called for to meet the increased care demands associated with the pandemic.
- Along with calls for more staff, respondents also called for improved pay and conditions, suggesting this was also a necessity to attracting and retaining staff in the sector. It was voiced that those who remain in aged care do so for the love and respect of the people they care for, and that the wages and conditions do not justify the risk and pressure of the conditions they are required to work under.
- Participant responses also included recommendations for better leadership at various levels of management. Participants demanded improved communication and guidance at the facility level and stronger support and immediate aid from the Australian Government.
- Responses from participants articulated the importance of being understood, communicated with, listened to, and appreciated by leaders, management, and the Government.
- Respondents highlighted the urgent need for improved education and training of especially new staff in aged care, which was often raised alongside other solutions including more staff and better wages and conditions. More educated staff were seen as being able to better support others in providing care and adequate infection prevention control to provide safe, effective care to residents.
- Many respondents stated a need for ready access to the necessary type and quantity of resources and policies and procedures to provide safe, effective care for residents. This included a need for adequate access to RAT kits, PPE, and other equipment necessary to provide adequate care.

Considerations for policy and practice

Based on the findings of this study, the following considerations are made to advance policy and practice to address the challenges faced by Australia's aged care workforce.

- Interventions must be urgently deployed to address the attraction and retention of high-quality staff in the aged care sector. Significant improvements to staffing levels and skills mix, remuneration, clinical governance and leadership, and the education and training of surge workforces are required to alleviate a workforce that appears to be rapidly losing hope and strength to persevere due to longstanding systemic problems in aged care and feelings of being unvalued that have been greatly amplified by the ongoing pandemic and Omicron wave.
- The aged care workforce must grow significantly to ensure sustainable best practice care during and beyond the COVID-19 pandemic.
- The deployment of staff across the aged care sector should be considered within the context of ensuring that surge workforces have the skills and training required to provide best practice care.



- Education and training of staff in aged care must be an urgent priority to ensure that all staff have current, evidence-based skills appropriate to their employment category, registration, and scope of practice including in infection control and care of older people.
- High-quality clinical governance, improved communication and dialogue, and genuine understanding of the needs and experiences of staff providing direct care to people in aged care is required at all levels of aged care leadership including direct managers up to government.
- A stronger skills mix of direct care staff is required to provide safe, dignified, best-practice care to all residents. An increased proportion of registered nurses and enrolled nurses to provide leadership and clinical expertise is vital.
- Aged care staff should be able to access a convenient, employer-provided sufficient supply of COVID-19 testing resources at no cost and in a way that does not detrimentally impact upon them financially or in terms of time taken out of working hours.
- Workplaces must prioritise staff and resident health, wellbeing, and safety as a core business objective in policy and practice to ensure that staff and residents are not avoidably exposed to potential infection risks.
- Employers should not require staff to return to work during mandated isolation periods and should provide paid COVID-19 leave to staff required to take leave due to COVID-19 infection or exposure.
- Employers should ensure that Infection Prevention Control Leads are either a registered or enrolled nurse in line with Government policy.
- Employers should ensure staffing levels are sufficient to ensure manageable workloads for staff, and that adequate and appropriate breaks, leave, and shifts can be taken.
- Policies for COVID-19 testing and isolation should be reviewed for currency, clarity, and appropriateness and listen and act on feedback from staff.
- Policies for COVID-19 infection prevention and control should be reviewed for currency, clarity, and appropriateness and listen and act on feedback from staff.
- Sufficient supplies of the right type and size of PPE must be secured and sustainable and policies for use must include fit testing and checking and policies for breaks while using full PPE.
- Consistent, up to date, evidence-based, and standardised, communication, education and training in infection protection and control must be provided to all staff.
- Evidence-based programs designed to provide structured, tailored and meaningful support, and that actively engage staff, especially during times of significant disruption and/or significant trauma must be implemented.

