

BUILDING A SUSTAINABLE NURSING
WORKFORCE
FOR
AGED RESIDENTIAL CARE SERVICES

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NZACA Nursing Leadership Group

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Introduction and Problem Definition

Aged Residential Care (ARC) has not been, and still is not, a preferred destination or career pathway for sufficient New Zealand nursing graduates or experienced nurses, yet it is a highly complex area where their services and skills are critically needed. Historically there has been a reliance on internationally qualified registered nurses (IQNs) to fill the staffing gap and provide service in age-related residential care services.

This issue has been magnified by the COVID-19 pandemic and the associated border restrictions. These events will create serious problems for staffing and resident care in the ARC sector over the next 12 months, and if no effective action is undertaken this situation will become critical.

Goal

Our goal is for a sustainable aged care workforce made up of predominantly New Zealand nursing graduates, which in turn creates improved outcomes for aged residential care residents.

Background

Our rapidly aging population is driving an inevitable growth in the burden of age-related disease and the use of health services. Nursing older people occurs in a range of settings including acute hospitals, rehabilitation services, mental health services, intellectual disability services, the community and ARC. A number of countries, including New Zealand and Australia, view nursing in aged care as currently in or heading towards a crisis with a critical shortage of appropriately skilled and knowledgeable registered nurses (RN).

The complexity of care needs that RNs manage, often with quick change and deterioration and incidents that cannot always be foreseen, require clinical nursing interventions and accurate transition of care focused knowledge and skills to be paramount. To date the ARC sector has a limited attraction profile for recruiting students and graduate nurses. This is in part due to the lack of accessible gerontological career pathways and postgraduate education

being in place and available for RNs. This lack of career progression and education places ARC in a vicarious position, which leads to high staffing turnover (Cooper et al., 2016).

ARC beds outnumber acute District Health Board (DHB) hospital beds by more than three times. In March 2020, there are approximately 38,000 ARC beds across 670 facilities with an average occupancy level of 87.9%. New Zealand has a relatively high per capita use of ARC for people aged 65 years and over compared to other OECD countries, along with a relatively high use of home-based care services (Ernst & Young, 2019).

The ARC sector includes rest home level care, geriatric/medical hospital level facilities, secure dementia units, and psychogeriatric services with an increasing number of facilities being dual services i.e. providing both rest home level and hospital level of care so residents are not required to move from their facility if their care level changes. The pool of graduate nurses willing to work in the ARC sector is continuing to decrease, which in turns places serious pressure on these services.

The ARC population

The population in an ARC facility consists of groups with complex and varying needs:

- Residents who are very frail and can be clinically unstable
- Residents who are well but disabled and have very high care needs
- Residents who are receiving end of life care
- Residents who have cognitive impairment and / or mental health issues, some of whom need a secure environment.

Among those aged over 65 years, the proportion living in care facilities has been reported to be 1 in 18 (Broad et al., 2011). However, it is likely that 75% of residents in ARC are 85 or older. After the age of 85, more than 58% of men and 70% of women move into some form of care (Broad et al., 2015). People living in ARC more commonly have co-morbidities, chronic disease and multiple pharmacotherapies.

New Zealand has a responsibility to support quality of life for this frail/vulnerable/disabled population for the remainder of their lifespan. This however is surprisingly difficult to achieve, with RNs having a key role to play leading the provision of care quality.

38% of those aged over 65 who die in New Zealand do so in residential care. In addition, people living in residential care may die during a short stay in an acute hospital. These figures indicate that RNs working in ARC need a level of knowledge and skill to manage the end of residents' lives in a competent and compassionate way. While there is support from hospices in terms of clinical advice and education, the ARC RNs are at the front line of providing care and support to residents along with their families/whanau and significant loved ones. Nursing ARC residents at the end of their lives requires compassionate and skilled care staff that; have integrated teamwork, manage pain and physical symptoms, provide holistic care that is timely and responsive, and prepare the resident and family for the approaching end of life.

The ARC population is complex and requires a skilled nursing workforce to support residents to achieve their goals and have quality in their remaining life. In addition, nursing services for this population need to be focused on enabling the older population to remain as independent as possible, for as long as possible, and to reduce pressure on acute and residential facilities.

The workforce

Currently within New Zealand ARC services unlicensed staff and health care assistants (HCAs) provide the bulk of resident personal care under the supervision of enrolled and registered nurses. RNs have responsibility for both the care team workforce and care quality. RNs are essential to support residents to achieve their goals and have quality in their remaining life. This is achieved through assessment, planning, evaluation, supervision of care and care coordination, all within the scope of practice of an RN. It is critical that a suitable number of skilled registered nurses be available or retained, with new graduate nurses being attracted to the sector. It is also important to note that in order to provide continuity of service to this section of the population, the same expertise is needed in a range of other settings including general practice and hospital services.

ARC is a significant employer of nurses, with about 9% of the total New Zealand nursing workforce. Data is from an analysis by the New Zealand Aged Care Association in December 2019 of the classification system used by the Nursing Council on its Annual Practising Certificates.

Types of nurses working in ARC	
Category of Nurse	Number
Enrolled Nurse	509
Registered Nurse	3988
Nurse Practitioner	6
Managers with RN registration	368
Total	4872

Approximately half of the New Zealand ARC workforce consists of Internationally Qualified Nurses. That proportion is around two thirds in the Auckland region and lower in most rural areas. The shortage is recognised by Immigration New Zealand as Registered Nurse (Aged Care) is specified on the Long Term Skills Shortages List (the only area of nursing specified).

Registered Nurses working in ARC by classification as "New Zealand Qualified Nurses" and "International Qualified Nurses"		
	NZQN	IQN
Northland	51%	49%
Waitemata	33%	67%
Auckland	33%	67%
Counties Manukau	33%	67%
Waikato	50%	50%
Lakes	43%	57%
Bay of Plenty	50%	50%
Tairāwhiti	49%	51%
Taranaki	63%	37%
Hawke's Bay	74%	26%
Mid Central	63%	37%
Whanganui	70%	30%
Capital and Coast	47%	53%
Hutt Valley	47%	53%
Wairarapa	87%	13%
Nelson Marlborough	45%	55%
West Coast	52%	48%
Canterbury	30%	70%
South Canterbury	64%	36%
Southern	54%	46%
National	46%	54%

Although ARC is one of the largest employers of RNs in New Zealand, ARC is often not a first or second choice for graduate nurses. In the 2012 pilot of the ACE system, which enables graduates to apply online to multiple DHBs using one application, only 1.32% of the 1,232

graduates who applied selected aged residential care as their preferred clinical practice setting (Ministry of Health, 2019). Undergraduate nursing curriculums are often focused on teaching technical skills, which are themselves essential in acute care nursing. Unfortunately, this has led to nursing students associating being an RN with the fast-paced, technologically dependent and disease focused nature of acute care nursing (Abbey et al., 2006; Algozo et al., 2016; Duggan et al., 2013). Due to this, ARC nursing is too often disregarded by nursing students as being “basic” nursing and limited in its capacity to contribute to professional development, career opportunities and holds the perception that it signifies the “endpoint” of one's nursing career (Abbey et al., 2006; Henderson et al., 2008). Educational providers, be they universities or the New Zealand Institute of Skills and Technology, have a responsibility to emphasise the opportunities and challenges presented by ARC, and change the bias of ageism, particularly during a time when the demand for ARC RNs is at an all-time high.

Modelling done by Health Workforce New Zealand (2018) projects that growth in the total nursing workforce will keep pace with population growth over the next 10 years if current entry and exit patterns continue. This modelling did not take into account the following that have impacted on nursing workforce numbers in relation to ARC:

- Changes to immigration settings that may decrease the number of internationally qualified nurses (IQN) eligible to settle and work in New Zealand.
- Effects of global pandemics and border restrictions.
- Pay equity gap for RN in ARC compared to DHBs.
- ARC funding model (EY, August 2019).
- More stringent English language requirements.
- Global health workforce shortages fuelling global competition for skilled health workers – a shortfall of 15 million health workers by 2030 is predicted with greatest demand for this workforce in upper-middle income countries (Liu et al. 2017).
- Changes to models of care. For example, increased use of the nursing workforce in areas such as school-based services, general practice and mental health.
- Variation in the ratio of nurses per population with predicted declines in some practice settings and regions, notably in continuing care (elderly).

These factors suggest the need to increase our supply and stock of nurses in order to continue to meet population growth and increased demand. An increasing number of these RNs will need to be recruited to work in ARC or related areas. Continuing care (elderly) faces the largest proportional decline in the number of RNs due to an ageing workforce and higher turnover.

The impact of pay equity for the unregistered kaiāwhina work force in ARC has closed the pay gap compared to experienced assistants who have much lower levels of responsibility, meaning there is little financial motivation for caregivers to retrain as nurses. The NZACA Member Profiling Survey (December 2019) shows that the mean pay for an entry level / new graduate nurse was \$25.90 while the statutory minimum for a Level 4 care assistant was \$25.50. Under the Pay Equity agreement, in 2021 over 40% of the kaiāwhina work force will be earning \$27 per hour, which may be more than entry level nurses. There is not sufficient financial motivation for this workforce to train to become RNs.

The pay settlement for DHB RNs has widened the pay gap with ARC RNs, particularly for experienced DHB nurses who receive the automatic annual increments. The NZACA Member Profiling Survey (December 2019) found the average pay for RNs working in aged residential care to be \$30.33, meanwhile RNs working in DHBs have a base rate of \$36.02. Aged care is a critical mainstream function of our healthcare system which currently is not valued as such. Until ARC RNs are paid the same as hospital nurses, ARC will be unable to attract a strong workforce of nurses. However, to do this would require funding adjustments. The 2018 DHB MECA settlement and implementation of Care Capacity Demand Management (CCDM) will see extensive recruiting of RNs over the next three years. This, together with the border restrictions and changes to immigration as previously mentioned, means the replacement of ARC RNs, especially those who are interRAI trained, will be challenging.

In June 2020, the New Zealand Aged Care Association (NZACA) launched a campaign for pay parity for ARC nurses in an attempt to provide greater recognition of the significance of this work and ultimately assist with recruitment and retention.

Currently New Zealand is experiencing a high turnover of RNs in the ARC sector. The 2019 NZACA Member Profiling Survey looked at the period from July 2018 to May 2019. For this ten-month period, RN turnover has been around 37%. When including those working out their

notice the figure increases to 38%, but if extrapolated to a full twelve-month period an annual turnover of around 42% is indicated. 73% of survey respondents believed that the most common reason for the increased turnover was that RNs are leaving for better pay in the DHBs.

Turnover can partly be explained by the pay gap but also by “leakage” into the DHB workforce of migrants initially employed in ARC as a condition of their work visa. The career pathway being implemented by Oceania Healthcare aims to “empower all care staff to practice to their full capacity” (Allen and Clark, 2020, p. 40). However, given the current constraints and funding models this will not be achievable unless consideration to the unique challenges this sector is faced with are addressed. The report by Allen and Clark also found that while ARC providers recruit RNs from overseas, these nurses often transfer to DHBs.

Filling vacancies is reported to be increasingly challenging. Nursing agencies are reporting difficulty recruiting RNs leading to a drop of 10% in the rate of filling casual shifts. This has led to reports of RNs working additional shifts and Nurse Managers having to cover shifts in addition to their usual workload.

With resident acuity likely to continue to increase alongside population ageing (Boyd et al. 2009), more advanced clinical skills and greater support for orientating nurses is needed. The lack of a positive image of nursing in ARC due to a number of factors including media coverage of poor care, stories from colleagues, low staffing levels, and student placements that have not been positive, needs an industry and sector wide approach to change both the perception and reality of working in ARC.

The nurse practitioner role was always envisaged by the nursing industry as a boundary spanning and transformative role. Such an approach could create a broader and more appealing career opportunity for new nurse graduates with a range of career destinations and opportunities for progression along with development of a comprehensive area of specialty (Cooper, et al. 2016).

New Zealand has led the way in the creation of accredited Professional Development and Recognition Programmes (PDRPs), however they are not consistently used by ARC throughout the country and require dedicated resources to develop and maintain. Registered and

Enrolled Nurses are all eligible to participate in PDRPs where they exist and the uptake of nurses participating in such programmes has increased incrementally over time.

Evaluation of these programmes highlights that “participation in the PDRP fostered nurses to reflect upon their practice more, raising their self-awareness of clinical practice. Developing a portfolio made nursing visible for them, which influenced their feelings of being positive about practice and what they were doing in practice was of personal value. Their self-awareness as a nurse increased, and influenced, or ‘promoted’, their professional growth. Engagement in PDRP clarified their future development or pathway in nursing.”

In the near future New Zealand will reach a crisis in its ability to care for the ageing population, predominantly as a result of closed borders and aged care not being viewed by many nurses as a career of choice.

Proposal to increase the supply of registered nurses into aged care

This paper outlines some of the critical issues being faced by the ARC sector in meeting the increasing need for nurses. There needs to a centralized approach that focuses on encouraging graduate, experienced RNs and Nursing Practitioner (NP) interns to view ARC as a desirable career choice. This practice area is too often viewed as a stepping-stone into other places of employment outside of this discipline.

Broad recommendations have been set out to alleviate the current and future workforce shortages. These recommendations, once accepted in principle, require further development including funding from health and education. Progressing these initiatives would see the critical shortage of the ARC workforce being addressed.

1. Support for NZ Graduates to become Registered Nurses

Funding is provided for New Zealand’s current NZ workforce who have undergraduate degrees to transition into nursing as a career. This enables students to complete a two-year Masters in Clinical Practice/Science (Nursing) programme. This programme leads to graduation as a registered nurse. Three tertiary educational providers are approved to deliver this programme starting in July this year.

Action: Provide a funding incentive, support these postgraduate students through full scholarships, to complete programmes and enter as Nurse Entry to Practice (NETP) in aged care.

2. Nurse Entry to Practice for ARC

Additional NETP graduate funds are allocated for ARC providers to access across their continuum care settings. The current NETP programs are directed by the DHBs and as such are focused predominantly on nursing in a hospital environment.

Action: Fund a specified number of places for graduates of ARC providers.

3. Preceptor Funding

Provide funding for preceptors for ARC to support students across undergraduate and postgraduate nursing programs.

Action: Identify an agreed mechanism that will enable ARC providers to have paid preceptors funding to support all undergraduate and postgraduate nursing students seeking to enter ARC providers as their preferred place of employment.

4. Anti-stigma Campaign

A campaign to reduce the stigma associated with nursing practice in the ARC sector needs to be undertaken at a central government level. This has shown to be effective for several of areas that have suffered as a result of stigma, such as mental health nursing.

Action: Fund an anti-stigma programme at central government level to recruit New Zealand registered nurses into the aged care sector.

5. Nurse Practitioner Funding and Focus

New Zealand has been at the forefront of introducing nurse practitioners into health workforce. However, there is still a limited number of available nurse practitioners and this is especially so for the aged care sector. The funding of specified nurse practitioner places and scholarships to support RNs through the requirements for nurse practitioner scope of practice would assist with increasing the numbers required for gerontology.

Action: Fund an identified number of placements in NP programmes for students to have specialist practice topics and practicum in Gerontology.

6. Professional Development and Recognition Programmes

A key element to the retention of nurses into ARC and the development of nursing leaders in ARC is the opportunity for nurses to grow their careers in a supported and structured way.

Action: To support the development of a project to partner with an established organisation or design a nationwide Professional Development and Recognition Programme (PDRP) that is particular to ARC that could be widely adopted by providers.

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