International Long-Term Care Workforce Study

January 2009

Prepared by

Institute for the Future of Aging Services

International Association of Homes and Services for the Ageing

IFAS
Institute for the Future of Aging Services
An applied research institute of aahsa

INVACARE

In cooperation with Invacare — a global manufacturer and distributor of home medical equipment

International Long-Term Care Workforce Study

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The Institute for the Future of Aging Services (IFAS) is a policy research institute whose mission is to create a bridge between the practice, policy and research communities to advance the development of high-quality health, housing and supportive services for America's aging population. IFAS is the applied research arm of the American Association of Homes & Services for the Aging (AAHSA). AAHSA members serve two million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. AAHSA's commitment is to create the future of aging services through quality people can trust.

IAHSA is a global network of provider organizations, businesses, researchers, individuals and government officials, with representation in approximately 30 countries. Our provider members reflect all ownership types, including for profit, not-for-profit and governmental ranging from single-site facilities to provider-focused associations representing large numbers of providers. IAHSA represents the interests of more than 20,000 ageing services providers world wide, serving almost 5 million elderly every day.

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I. INTRODUCTION

The Institute for the Future of Aging Services (IFAS) worked with the International Association of Homes and Services for the Aging (IAHSA), both housed at the American Association of Homes and Services for the Aging, to conduct a cross-national study of the long-term care paraprofessional and professional workforce in the United Kingdom, Netherlands, Australia, Ireland and Spain. The purpose of the project was to help better describe this sector of the aging services workforce as well as to understand the issues these workers face and how these issues differ across countries. The second goal was to examine the ways in which health care products and equipment can assist and enhance the daily tasks of this workforce as they care for older adults. The Invacare Corporation, a global manufacturer and distributor of home medical equipment, funded the project.

II. EVALUATION METHODOLOGY

The evaluation of the international workforce study is based upon survey data collected through Web-based surveys using the Vovici software program. The sample is a purposive sample of the member organizations of IAHSA in each country and is not representative. IAHSA worked with its associations in the participating countries to gather their residential care facilities and home health agencies to participate in the survey. The associations in three of the participating countries— Australia, Ireland and Spain— directly sent the survey to their member organizations. IFAS sent the survey to the members in the United Kingdom and the Netherlands. Due to a low response among the home care agencies, the data is only reported on the residential care facilities.

An invitation and a link to the survey were sent to the administrator or director of each participating residential care facility or home health agency. The invitation requested that the survey be completed by the director of nursing (or equivalent) or home health supervisor (or equivalent) at each member organization. A variety of positions completed the survey, including the director of nursing, administrator, human resource manager or director, company director and a manager or general manager of the residential care facility. The surveys address four primary areas: 1) description of unit managers and related work issues; 2) description of assistants in nursing and related work issues; 3) general workforce issues; and 4) the use of equipment.

The survey was initially sent out during the summer of 2008 to the member organizations. Each participating organization was given two weeks to complete the Web-based surveys. If they did not complete the given survey in the time frame, they were sent an e-mail reminding them to complete the survey and were allowed an additional week to do so. Due to the low response rate, the research team and IAHSA decided to re-send the survey in September when people are less likely to be on vacation. The one exception was Spain, which was sent the survey once because it had a high response rate.

The surveys for the United Kingdom, Australia and Ireland were conducted in English. The terminology for the different staff positions and types of organizations were specific

to each country and the survey included a glossary of terms. This was done to have a consistent definition across the countries. The Spain survey was translated into Spanish. The member organizations in the Netherlands were sent two different versions of the survey – one in the summer and one in September. The first survey was in English and contained the same questions as the surveys for the other participating countries. Only five people completed the survey and it was determined to conduct the survey in Dutch as well as shorten the survey. This helped increase the response rate. The data reported only includes the survey responses answered in both the Dutch and English versions of the survey.

Additionally, telephone interviews were conducted with six organizations in Australia and two organizations in the United Kingdom. We were not able to get contact information for member organizations in the other participating countries to conduct the telephone interviews. The findings for the telephone interviews are described in the individual case studies.

Finally, the IFAS staff conducted focus groups with the deputy director, unit manager, registered nurses and certified nursing assistants at a residential care facility in Vienna, Austria. The findings from the focus groups are a separate section of the report.

Data Analysis

The majority of the survey data that was collected was quantitative in nature and consisted of responses to closed-ended questions. Each survey, however, contained five open-ended questions, which were analyzed using qualitative techniques. (The shortened version of the Netherlands survey contained two open-ended questions, which were analyzed using qualitative techniques.)

Quantitative Analysis

The IFAS team conducted the quantitative data analysis of the closed-ended survey responses. The research team did not perform statistical tests to determine significant differences across the countries. Due to the small sample size for each country, the team conducted descriptive analysis to describe the differences and similarities across the countries as well as the findings within each country.

In analyzing the quantitative survey data for the purpose of this report, only substantive responses were included for analysis. Thus, any missing survey data due to respondents' inadvertent or purposeful skipping of questions were filtered out of the data before analysis was performed. However, due to the relatively large number of non-substantive survey responses, we did not confine data analysis only to organizations that had complete, substantive survey response data for all questions. Rather, the number of organizations available for analysis (n value or sample size) was determined prior to analysis of each survey question.

Qualitative Analysis

Analysis of all open-ended survey responses utilized an exploratory and inductive qualitative approach. Through content analysis, survey responses were reviewed and common, emergent themes and concepts were identified across countries.

The information gleaned from the telephone interviews and site visit in Vienna, Austria were analyzed through content analysis.

Reporting

The response rate and numbers are relatively low across the countries. The total number of responses for each country is listed below (residential care facility only data):

- United Kingdom (n=15)
- Netherlands (n=26)
- Australia (n=29)
- Ireland (n=32)
- Spain (n=49)

The data is based on a purposive sample that is not representative of all residential care facilities in each country. It provides an initial understanding of the workforce issues and equipment needs of the participating organizations. The data cannot be generalized to all residential care facilities in the respective countries. The findings within the report pertain only to the participating organizations and provide an indication of areas to carry out additional research through a larger study.

While most of the survey questions were similar across countries, there were some differences for select survey items. The report only includes the data on the survey items asked in each country. In the report where there is no data for a country, generally the Netherlands, it is because the question was not asked for that country. Some of the differences are:

- The surveys for the United Kingdom, Spain, Ireland and Australia had similar questions. The shortened version of the Netherlands survey did not include all the questions. As a result, some of the findings do not include data from the Netherlands.
- The shortened version of the Netherlands survey had a different version of the question about the most important equipment. In the Netherlands survey, the question was an open-ended question. For the other countries, the respondent selected the five most important types of equipment.
- The Spanish survey did not ask questions about the degrees and licenses for the unit managers because the contact person in Spain did not feel these would apply to the organizations, and therefore, there is not data for Spain. Additionally, the benefits option listed for Spain differed from the other countries. The only two benefits listed were salary bonuses and free canteen meals at work.

Some of the survey items had a small number of respondents in each country. When the number is very low, the findings are reported as the actual number of respondents and not the percentage (which is noted in the report). The reason is that a small number of responses could equal a large percentage. For example, if a country only has four respondents for a survey item, two responses would equal 50 percent and is misleading in the importance of the response. The small sample size should be considered when interpreting these results.

Data Limitations

The analysis of the survey data is based only on substantive valid responses. Thus, reported data for individual survey items are based on differing n values, each of which correspond to the number of substantive (i.e., non-missing) responses for that survey item. For some survey items, the n values are low and it is important to understand that the percentages are based on relatively few responses. Therefore, it is strongly recommended that the results of survey questions with smaller sample sizes always be presented with accompanying n values and notation of the fact that the percent of non-substantive responses is relatively high. The report will indicate the n values when a high percentage of the respondents did not answer the survey item.

As previously stated, the pilot data cannot be generalized to the respective country. The purposive sample limits the findings only to the organizations that participated in the survey. The project team had limited resources and was not able to conduct a larger study with a randomized sample.

The majority of participating organizations were residential care facilities. Eighty-four percent of all the participating organizations were residential care facilities and each country had similar percentages. The number of home care agencies participating in the survey was relatively low, with the exception of Australia, which has 17 completed surveys. The remaining countries had five or fewer home care agencies and one country had none. As a result, the data in the report is limited to the results from the residential care facilities.

III. SURVEY RESULTS

Description of Facilities

The number of employees and residents varied greatly within each country and across countries. Australia, Ireland and Spain appear to have smaller residential care facilities in the sample, with a median (or typical) number of 53 to 74. Each country has at least one larger organization of more than 200 residents on an average day. Similarly, these three countries have a smaller number of employees, with a median number of 32 to 75. On the other hand, the respondents in the United Kingdom (UK) and Netherlands represent larger facilities with larger staff, with a median number of 540 residents on an average day and 530 employees (UK) and 290 residents on an average day and 225 employees

(Netherlands). These countries also have smaller organizations as part of the sample. The facilities with larger number of residents and staff are often parent organizations with more than one facility.

The percentage of unit managers at each organization is relatively small, with an average of ten percent or less for each country. The one exception is Ireland, which has an average 22 percent of unit managers at each organization.

The countries are similar with the percentage of assistants in nursing at each organization, with an average of fifty percent or more. Table 1 summarizes the characteristics of the participating organizations.

Table 1: Residential Care Facility Characteristics

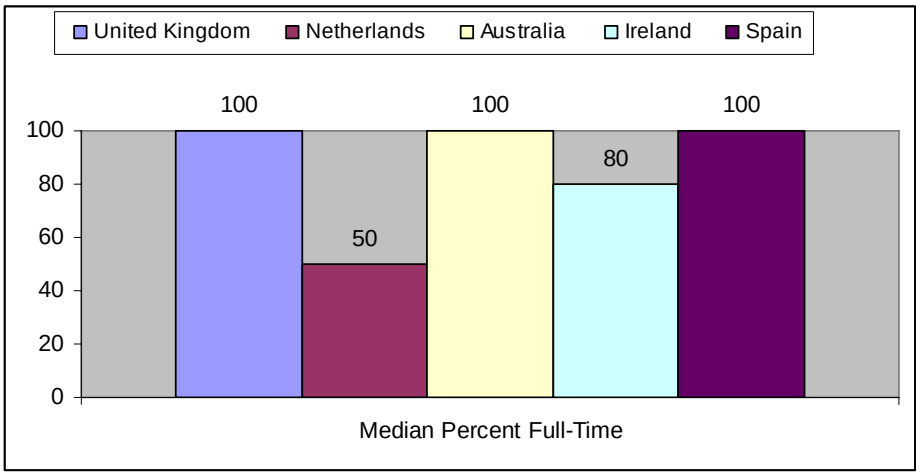
	United Kingdom (n=13)	Netherlands (n=4)	Australia (n=29)	Ireland (n=31)	Spain (n=48)
Median number of residents (average day)	540 (Range: 20 to 5,000)	290 (Range: 26 to 500)	74 (Range: 22 to 900)	53 (Range: 20 to 200)	60 (Range: 24 to 600)
Median number of employees	530 (Range: 27 to 4,500)	225 (Range: 26 to 500)	75 (Range: 12 to 2,600)	45 (Range: 22 to 270)	32 (Range: 12 to 600)
Mean Percentage of Unit Managers of Total Employees	2%	NA	3%	22%	9%
Percentage of Assistants in Nursing of Total Employees	58%	NA	53%	51%	47%

Unit Managers

The unit manager is defined as the person responsible for supervising and directing the care provided by paraprofessional direct care staff of a floor or unit of a residential care facility. The survey examined the demographics of the unit managers, employment status, use of agency staff, duties, degrees, benefits, training and shortage of workers.

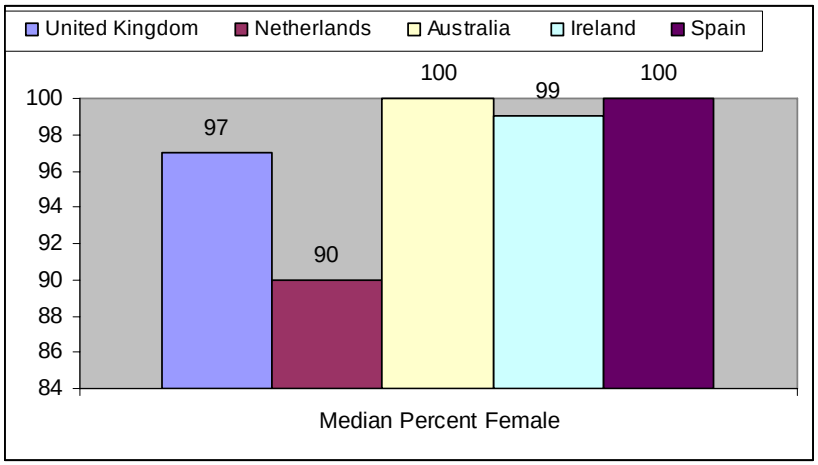
Demographics of Unit Managers
The majority of unit managers are full-time employees. The facilities in the United Kingdom, Spain and Australia report a median of 100 percent of its unit managers as full-time employees. The residential care facilities in Ireland and the Netherlands report a lower median of 80 and 50 percent respectively. Figure 1 shows the median percentage of full-time unit managers. Each country has a range from zero to 100 percent full-time unit managers.

Figure 1: Median Percentage of Full-Time Unit Managers by Country



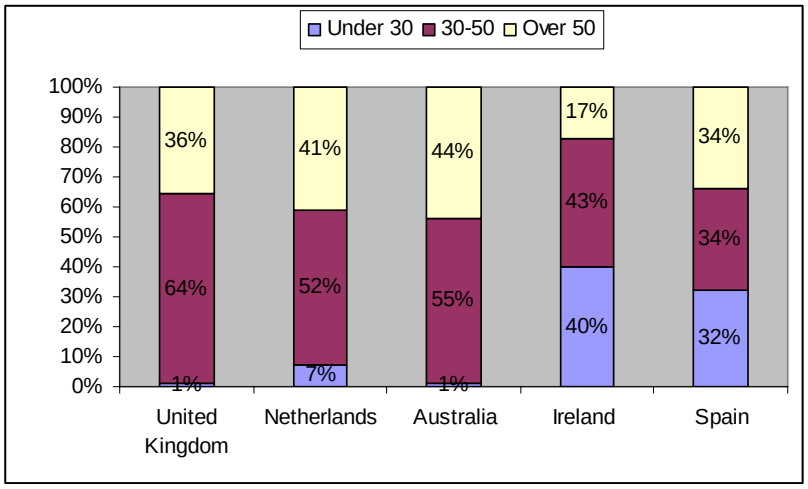
As can be seen in Figure 2, the median percentage of female unit managers is high, 90 percent or more female unit managers. The range in the percentage of female unit managers at each facility is from 25 or 50 to 100 percent.

Figure 2: Median Percentage of Female Unit Managers by Country



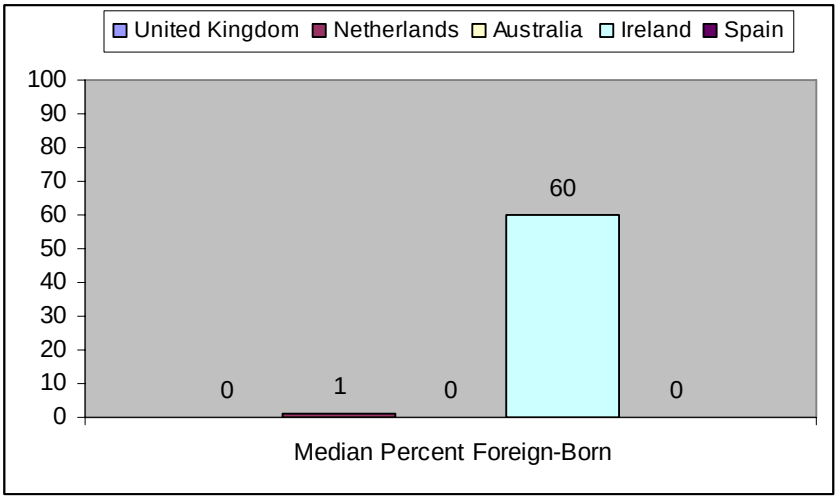
The United Kingdom, Netherlands and Australia have similar age distributions of the unit managers, with middle-age and older unit managers. The majority of unit managers are between the ages of 30 and 50 and a strong plurality of unit managers are over 50. Ireland and Spain have a younger unit manager workforce, with 32 to 40 percent under the age of 30 and a similar percentage who are between the ages of 30 and 50. Spain does have almost one-third of its unit managers over the age of 50.

Figure 3: Age Distribution of Unit Managers by Country



All the countries, with the exception of Ireland, have a low median percentage of unit managers who are foreign-born workers. While the median percentage is low, as seen in Figure 4, there are individual organizations with a median percentage of more than 50 percent of its unit managers who are foreign-born. Ireland has a high median percentage of foreign-born workers as unit managers, 60 percent.

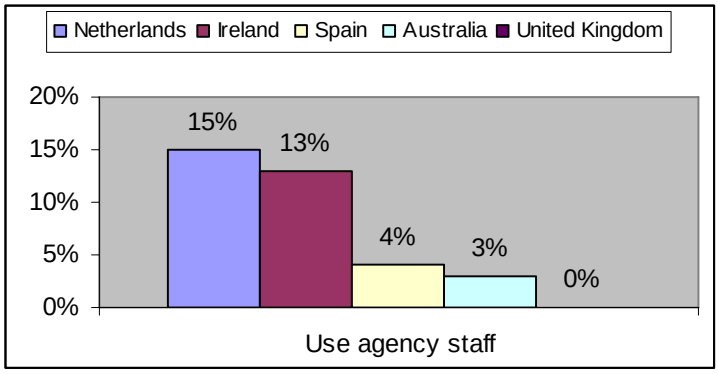
Figure 4: Median Percentage of Foreign-Born Unit Managers by Country



Unit Managers: Use of Agency Staff

A small percentage of residential care facilities, an average 15 percent or less in each country, use agency or contract staff for unit managers. The highest percentage is in the Netherlands, followed by Ireland, Spain and Australia. None of the participating organizations in the United Kingdom report using agency staff.

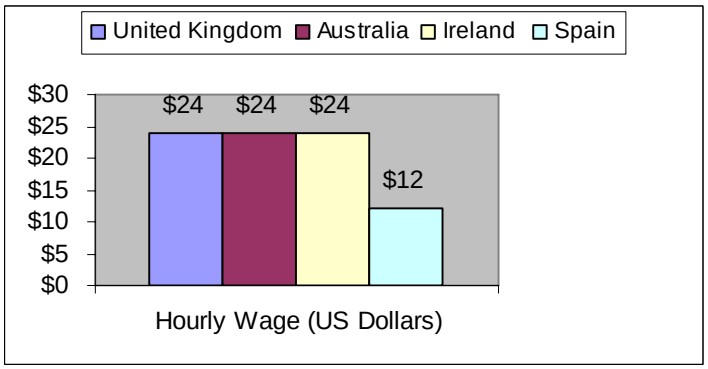
Figure 5: Percentage of Organizations Use Unit Manager Agency Staff by Country



Wage of Unit Managers

Each organization was asked for the average wage of its unit managers. The respondents reported the wage using the currency of their country, which was then converted into United States (U.S.) dollars for consistency across the countries. As seen in Figure 5, the United Kingdom, Australia and Ireland have a similar hourly wage of $24 (U.S.) for unit managers. Spain has a lower hourly wage of $12 (U.S) per hour, about half the wage of the other three countries.

Figure 6: Average Hourly Wage of Unit Managers by Country



Duties of Unit Managers

The majorities of organizations across the countries (50 percent or higher in each country) report similar and some different duties for unit managers. The tasks of unit managers reported by at least 50 percent of the organizations in each country are the administrative, supervisory and medication responsibilities, such as:

- Administer medications
- Administrative duties

- Medication management
- Stock control
- Supervision

Infection control and palliative care are a responsibility for most of the unit managers in Australia, Spain and Ireland. The United Kingdom has a smaller percentage of unit managers responsible for these tasks.

Another area of responsibility for unit managers is quality assurance, but not to the same extent in Spain. Less than half the facilities in Spain indicate quality assurance as a duty of unit managers.

The majority of unit managers in Spain and Ireland appear to have more hands-on duties compared to the United Kingdom and Australia. These duties include:

- Assistance with medical equipment
- Record liquid and food intake and output
- Measure weights
- Continence management
- Take and record temperatures, pulses, respiration and blood pressure

The majority of unit managers in Ireland have a variety of duties on a daily basis and the most duties selected by more than half the organizations compared to the other countries. Table 2 lists the duties for each country.

It would be interesting to conduct further research to distinguish the similar and different tasks of unit managers across the countries. It appears that unit managers in Ireland and Spain, in addition to the administrative duties, are more likely to take part in the hands-on tasks.

Table 2: Duties of Unit Managers

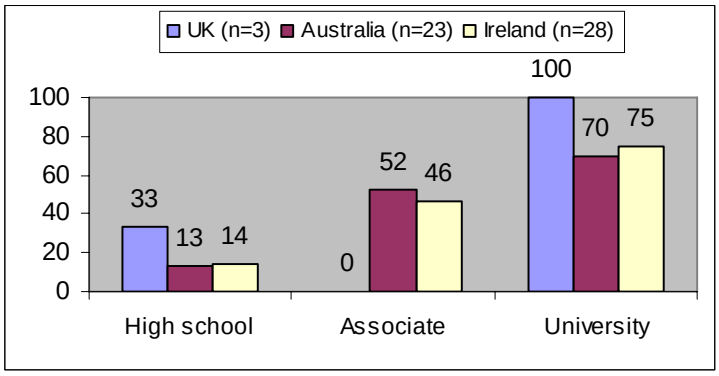
	United Kingdom (Percentages)	Australia (Percentages)	Ireland (Percentages)	Spain (Percentages)
Assist with braces and artificial limbs	0	3	53	31
Administer medications	50	59	100	94
Administrative duties	83	93	97	85
Assist with medical equipment	8	24	75	56
Assist with personal hygiene	0	21	84	25
Bathe, dress, and undress resident	8	21	88	21
Change nonsterile dressings	8	28	97	8
Change sterile dressings	0	34	100	17
Continence management	17	48	100	75
Feed residents who need help	0	14	88	40
Help residents walk	17	14	81	31
Infection control	42	73	97	96
Massages	0	3	22	29
Measure weights	0	21	94	94

	United Kingdom (Percentages)	Australia (Percentages)	Ireland (Percentages)	Spain (Percentages)
Medication management	75	66	94	100
Palliative care	17	59	94	73
Positioning in wheelchair	0	17	81	27
Provide social stimulation, activities, etc.	25	10	44	33
Quality assurance	92	97	69	46
Record liquid and food intake and output	8	10	94	77
Serve meals, water, snacks	0	14	59	21
Skin care	0	17	94	71
Stock control	50	86	66	65
Supervision	92	76	97	81
Take and record temperature, pulse, respiration and blood pressure	17	24	100	100
Take residents to appointments	17	14	47	19
Transfer residents	0	21	88	27
Transport residents in a wheelchair	8	17	81	33

Degrees, Licensing and Training of Unit Managers

The survey asked respondents about the degrees or qualifications required for a person to work as a unit manager. The respondent could check multiple responses to the question. Australia, Ireland and the United Kingdom require a high degree for unit managers—the highest percentage of organizations report a college or university degree, in addition to a high school education and/or an associate's degree or post-secondary certificate.

Figure 7: Degrees of Unit Managers (Percents) by Country



In addition to degrees, organizations were asked what formal licenses, if any, are required for a person to work as a unit manager at the organization. The majority of respondents in all three countries (United Kingdom, Australia and Ireland) report unit managers are required to be a registered nurse or have registration with the nursing board. (The sample size for this survey question is United Kingdom (n=9); Australia (n=26) and Ireland (n=30).)

Most of the organizations offer training opportunities for the unit managers. Only a small percentage of organizations report they do not offer any training, with the highest percentage in the Netherlands (24 percent). Among those organizations who do not offer training, the majority pay for offsite training (only a small number of respondents answered this question).

The residential care facilities across the countries offer multiple training topics on different areas of care and the work environment. The majority of organizations in the United Kingdom, Australia and Ireland have seven or more topics where more than half of the organizations provide training. The Netherlands only has one topic area, clinical skills, with a majority of organizations providing the training. A majority of the residential care facilities in Ireland report two training topics – clinical skills and teamwork. The most commonly reported training topics are:

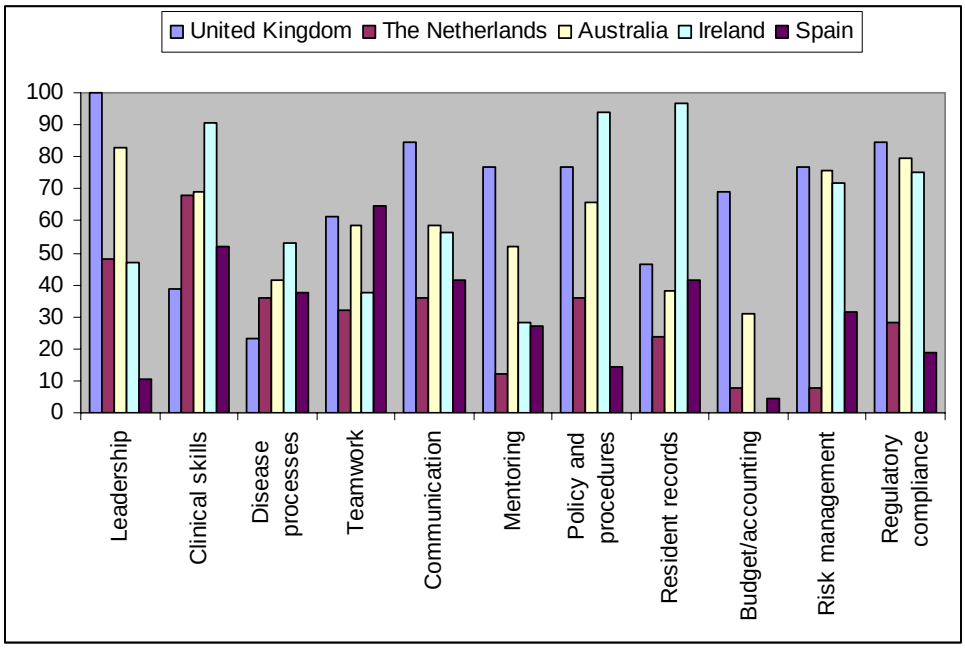
- Clinical skills (Netherlands, Australia, Ireland and Spain)
- Teamwork (United Kingdom, Australia, Ireland and Spain)
- Communication (United Kingdom, Australia and Ireland)
- Policy and procedures (Untied Kingdom, Australia and Ireland)
- Regulatory compliance (United Kingdom, Australia and Ireland)
- Risk management (United Kingdom, Australia and Ireland)

The top training area for participating organizations in Australia and the United Kingdom is leadership. In the Netherlands, clinical skill receives the highest percentage and is also an area indicated by a majority of residential care facilities in Australia, Ireland and Spain. Resident record training is an area where almost all the respondents in Ireland report as a training topic area, but not a top area for the other countries. In Spain, the number one issue is teamwork, which also receives high percentages in the United Kingdom and Australia.

Across all the countries, few organizations provide training on budgeting/accounting or disease process, with the exception of United Kingdom where more than half provide training on budgeting/accounting.

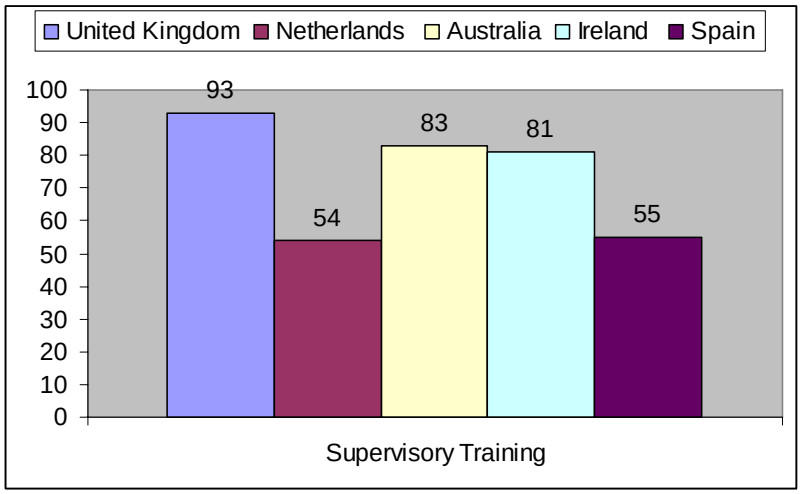
The training topics have many similarities and some differences. It appears that most organizations provide training on several topics. Table 3 lists all the training topics and the percentage of organizations in each country that provide the training for unit managers.

Figure 8: Training Opportunities for Unit Managers (Percents) by Country



In addition to the training topics listed above, the majority of facilities offer supervisory training for unit managers.

Figure 9: Unit Manager Supervisory Training (Percents) by Country



Benefits

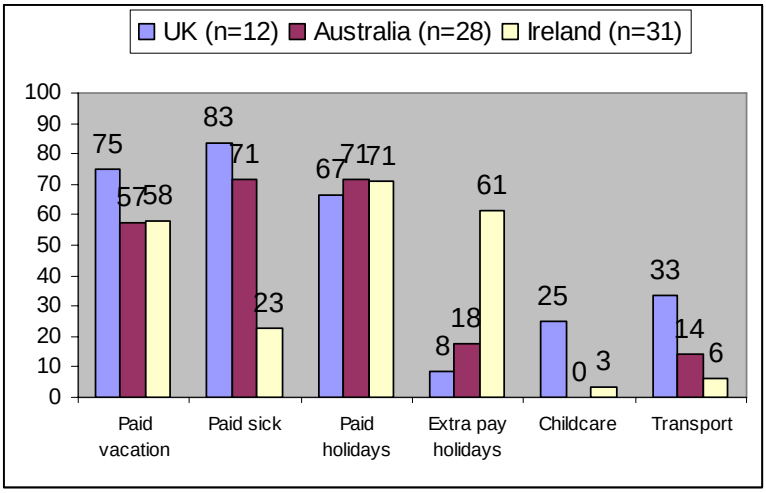
In the United Kingdom, Australia and Ireland, small percentages (seven percent or less) of organizations do not offer any benefits for unit managers. The remaining organizations offer at least one and often more than one type of benefit for unit managers. Spain, on the other hand, has a plurality of 46 percent of the organizations that do not offer any benefits for its unit managers.

The most commonly reported benefits are similar across the United Kingdom, Australia and Ireland. In all three countries, majorities of organizations report providing unit managers paid vacation or personal days, paid sick leave and paid holidays. Ireland is the only country to have more than half the residential care facilities offer unit managers extra pay for working holidays. Only a few organizations offer childcare and transportation assistance or subsidies.

Australia was also asked about salary packaging as a benefit for unit managers, which is unique to Australia and not asked in the surveys of the other countries. Eight-two percent of the organizations offer salary packaging. "Salary packaging is an agreement between an employer and an employee, whereby the employee agrees to forego part of their future entitlement to salary or wages in return for return for the employer providing them with benefits of a similar cost (to the employer). The employee is likely to place greater value on the benefit than its cost to the employer. The employee pays income tax on the reduced salary or wages."[1]

The Spanish respondents were only asked if they provided two benefits – salary bonuses and free canteen meals at work. Forty-six percent of the residential care facilities offer salary bonuses and approximately 10 percent offer free canteen meals at work.

Figure 10: Benefits for Unit Managers (Percents) by Country

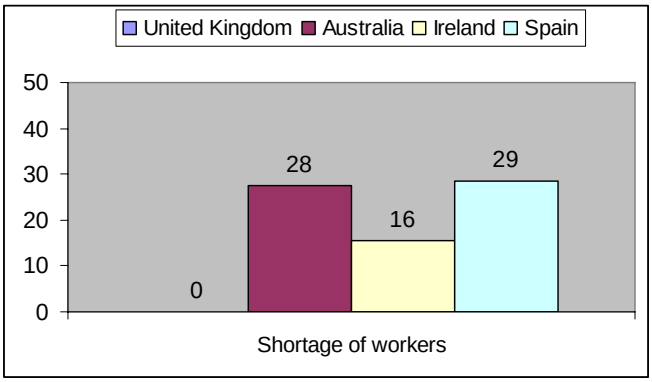


Recruitment and Retention of Unit Managers

Only a small percentage of organizations report a shortage of unit managers. The highest percentages are in Australia and Spain (28 and 29 percent respectively). Sixteen percent of the Irish residential care facilities and none of the British facilities have a shortage of workers. It does not appear to be a significant issue for the participating facilities in these countries.

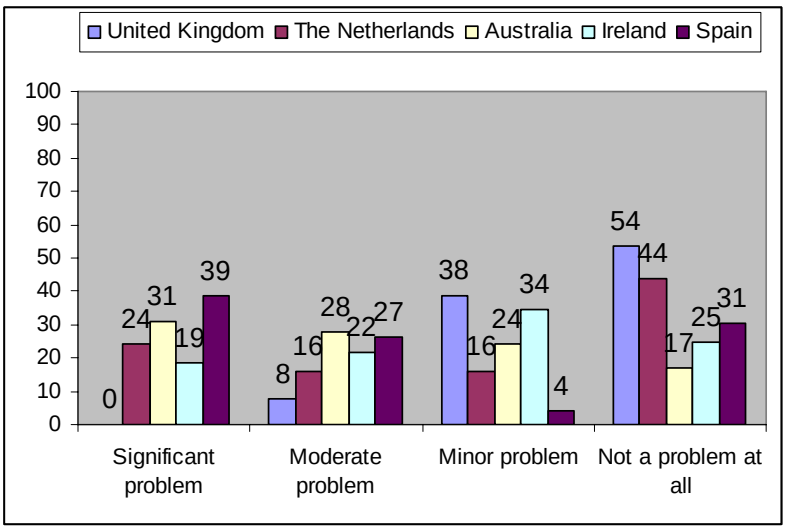
[1] Australian Government Web site: http://www.ato.gov.au/nonprofit/content.asp?doc=/content/33636.htm

Figure 11: Shortage of Unit Managers (Percents) by Country



When asked about the degree the recruitment of unit managers is a problem at the organization, the countries are mixed as to the significance of the issue. The majority of respondents in the United Kingdom and Ireland believe that the recruitment of unit managers is a minor problem or not at a problem at all. Recruitment does not appear to be a serious issue for these facilities. However, in Spain and Australia the recruitment of unit managers appears to be more sizeable. The majority of facilities in both countries indicate it is a significant or moderate problem. It should be noted that Spain has a sizeable segment of facilities who do not believe it is a problem at all (30 percent). The respondents in the Netherlands are split with 44 percent who indicated it is not a problem at all, but almost one-quarter feel it is a significant problem.

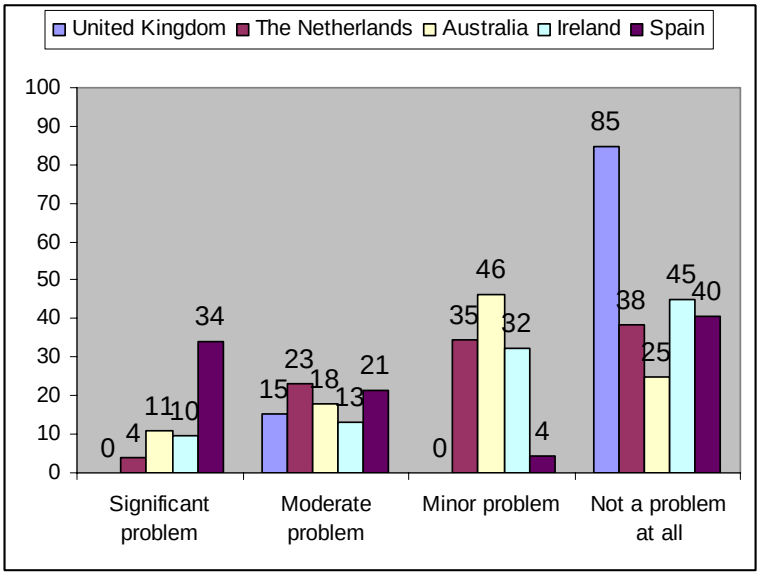
Figure 12: Recruitment of Unit Managers (Percents) by Country



The countries also vary in the extent that retraining unit managers is a problem for organizations, although there are some similarities. The United Kingdom, Netherlands, Australia and Ireland all have a strong majority of residential care facilities indicating the

retention of unit managers is a minor problem or not a problem at all. Retaining unit managers does not appear to be challenge for these organizations. While 40 percent of facilities in Spain believe the retention of unit managers is a not a problem at all, half indicate it is a significant (34 percent) or moderate (21 percent) problem. The shortage of workers, including the recruitment and retention, can be an area of further exploration as to the differences across the countries and strategies used to recruit and retain unit managers.

Figure 13: Retention of Unit Managers (Percents) by Country



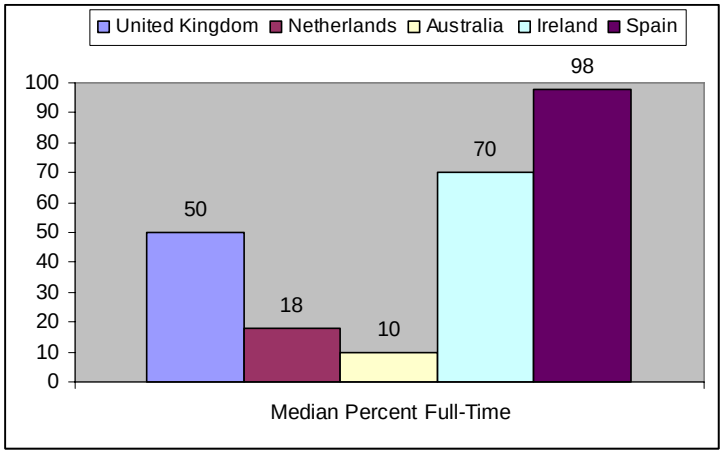
Assistants in Nursing

The assistant in nursing (or care assistant) is defined as the person who provides personal care to residents or patients, such as bathing, dressing, changing linens, transportation or other essential activities in a residential facility. The survey examined similar attributes and workforce issues as unit managers, for example, employment status, use of agency staff, daily responsibilities, work requirements and shortage of workers. In addition, the survey included questions about career advancement opportunities, training hours required, peer mentoring programs and consistent assignment.

Demographics of Assistants in Nursing
In the United Kingdom, the Netherlands and Australia, the employment status of assistants in nursing differs greatly from unit managers. While the majority of unit managers in these countries are full-time employees, only 50% or less of care assistants are full-time (United Kingdom: 50 percent; Netherlands: 18 percent and Australia: 10 percent). On the other hand, the majority of assistants in nursing in Ireland and Spain are full-time employees (median score of 70 percent in Ireland and 98 percent in Spain). These percentages are similar to the unit managers in the respective countries. Figure 12 summarizes the median percentage of full-time assistants in nursing. Each country has

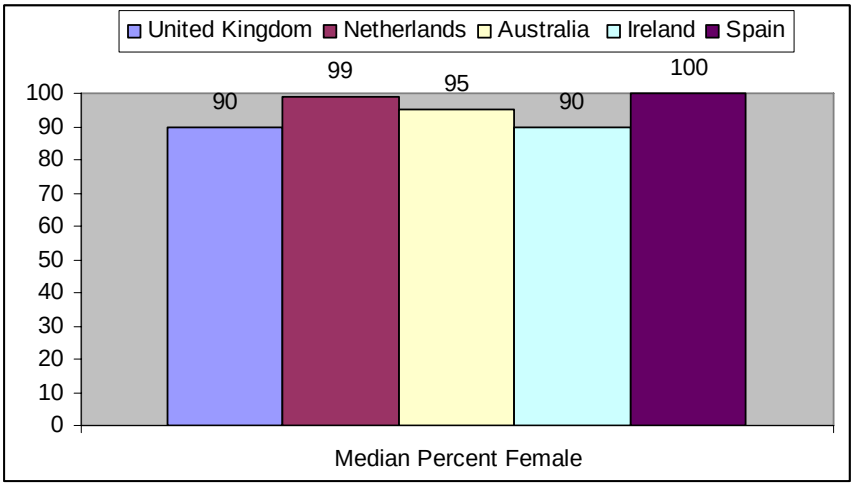
significant variation among each facility in the percentage of full-time assistants in nursing, ranging from as small as zero percent to a high 100 percent.

Figure 14: Median Percentage of Full-Time Assistants in Nursing by Country



The five countries are similar in the median percent of female assistants in nursing, with a majority who are female. This is similar to the composition of unit managers. It appears the nursing work force is predominately female.

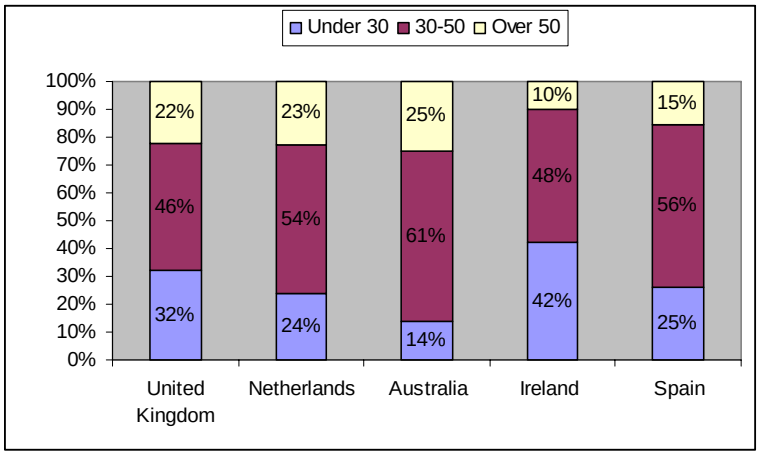
Figure 15: Median Percentage of Female Assistants in Nursing by Country



All the countries have a younger assistant in nursing workforce than the unit managers. The majorities of assistants in nursing are 50 years or younger, with most between the ages of 30 to 50. In Ireland and Spain the unit manager and assistant in nursing workforces are similar, with the majority 50 years or younger (Spain does have approximately one-third unit managers who are older than 50). As previously stated, the

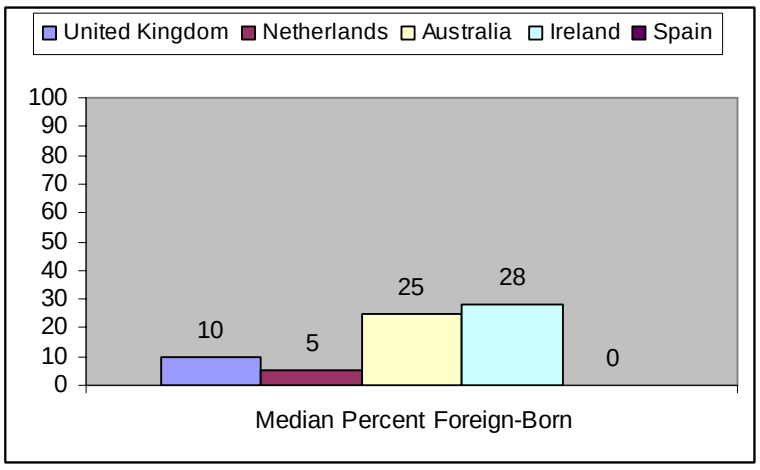
United Kingdom, Netherlands and Spain have unit managers who are predominately 30 years or older with a strong plurality older than 50.

Figure 16: Age Distribution of Assistants in Nursing by Country



Most of the countries do not have a high percentage of assistants in nursing who are foreign-born workers. The highest percentages of foreign-born assistants in nursing are in Ireland (median 28 percent) and Australia (median 25 percent). The respondents in Spain do not report any foreign-born assistants in nursing and in the United Kingdom and Netherlands the percentages are low (10 and five percent respectively). The foreign-born workforce does not appear to have a strong presence among the participating facilities in these countries.

Figure 17: Median Percentage of Foreign-Born Assistants in Nursing by Country

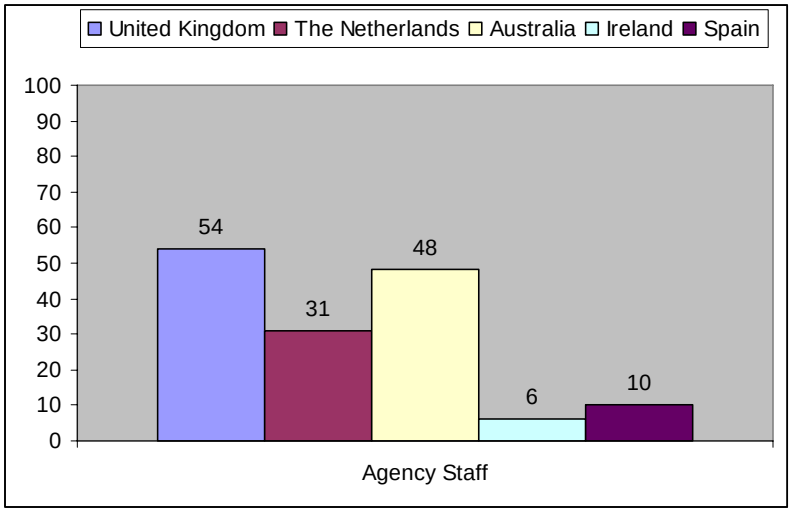


Assistants in Nursing: Use of Agency Staff

While the percentage of agency staff for unit managers is low across the five countries, there are extensively more facilities using agency staff for assistants in nursing in three

countries. The United Kingdom, Netherlands and Australia report a substantial percentage of facilities that have agency staff, with 30 percent or more of the facilities. Ireland and Spain, on the other hand, do not have a considerable presence of facilities using agency staff.

Figure 18: Percentage of Organizations Use of Assistant in Nursing Agency Staff by Country

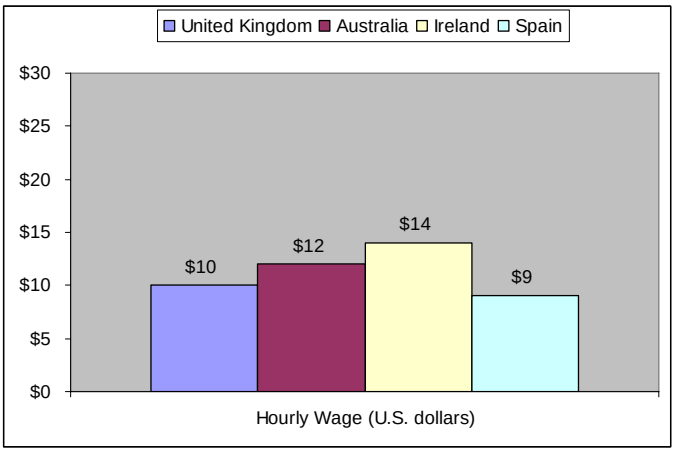


The facilities indicating they use agency staff were asked the percentage of agency staff at the facility (a small number of organizations responded to the question, 12 or less in each country). Among the organizations with agency staff for assistants in nursing, on average only a small percentage of the staff is agency for most countries (four percent or less). While Spain has a small percentage of organizations using agency staff, those with agency staff, on average, have a high percentage of 61 percent.

Wage of Assistants in Nursing

The hourly wage is lowest in Spain ($9 - U.S.) and the United Kingdom ($10- U.S.). It is the highest in Ireland ($14 – U.S.) and then Australia ($12 – U.S.). For most countries, the range of hourly wages for assistants in nursing within each country is substantial. Australia, Ireland and Spain have a $6 per hour to $11 per hour difference between the lowest and highest hourly wage (Australia: $11, Ireland: $9 and Spain: $6). The United Kingdom has less disparity with a $2 difference.

Figure 19: Average Hourly Wage of Assistant in Nursing by Country



Duties of Assistants in Nursing

It appears that only Australia and the United Kingdom have more than half the facilities with assistants in nursing who handle administrative tasks or medication administration. The United Kingdom and Australia each have 62 percent of the organizations reporting that their assistants in nursing administer medications. However, only small percentages manage the medications.

Australia is the only country to have more than half the organizations state one of the duties of care assistants is quality assurance. The care assistants in the other countries appear to have less input in this area.

The countries seem similar in the hands-on tasks of assistants in nursing. The most common duties across all four countries are:

- Assist with personal hygiene
- Bathe, dress and undress residents
- Feed residents who need help
- Help residents walk
- Position residents in the wheelchair
- Serve meals, snacks and water
- Skin care
- Take to hairdresser and other appointments
- Transfer residents
- Transport residents in a wheelchair

Table 3: Duties of Assistants in Nursing by Country

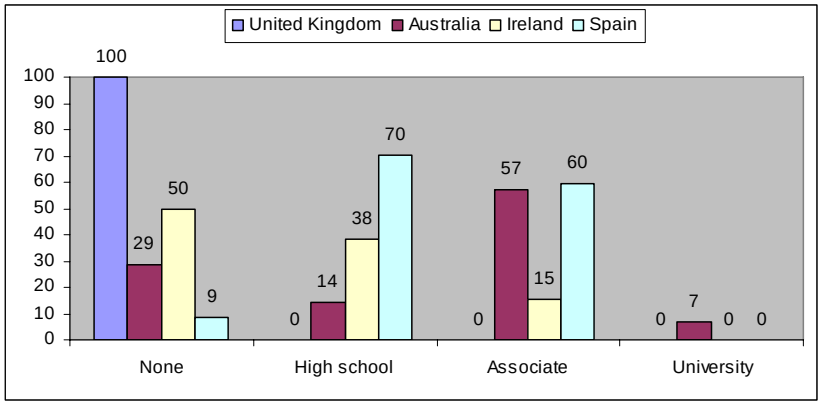
	UK (percentages)	Australia (percentages)	Ireland (percentages)	Spain (percentages)
Administer medications	62	62	0	35
Administrative duties	92	55	19	10
Assist with braces and artificial limbs	69	66	44	61

	UK (percentages)	Australia (percentages)	Ireland (percentages)	Spain (percentages)
Assist with medical equipment	23	21	6	4
Assist with personal hygiene	100	93	100	100
Bathe, dress, and undress	100	93	100	100
Change non-sterile dressings	92	41	13	69
Change sterile dressings	31	17	0	31
Continence management	100	83	66	47
Feed residents who need help	100	86	100	100
Help residents walk	100	90	97	98
Infection control	92	66	69	10
Massages	54	41	41	22
Measure weights	100	86	56	22
Medication management	38	38	0	0
Palliative care	92	52	47	22
Positioning in wheelchair	100	90	100	100
Provide social stimulation, activities, etc.	100	76	88	45
Quality assurance	38	52	25	20
Record liquid and food intake and output	100	90	78	65
Serve meals, water, snacks	100	90	94	94
Skin care	92	86	88	82
Stock control	23	38	19	18
Supervision	15	48	66	29
Take and record temperature, pulse, respiration and blood pressure	77	55	3	27
Take residents to appointments	100	83	97	80
Transfer residents	100	90	100	98
Transport residents in a wheelchair	100	90	94	98

Degrees, Licensing and Training of Assistants in Nursing

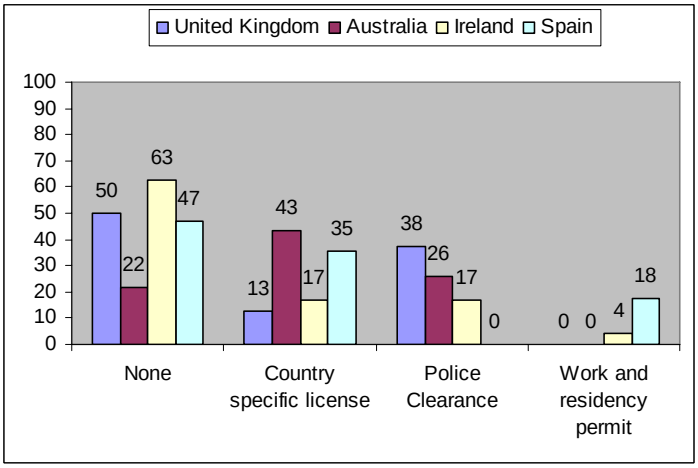
The requirements for assistants in nursing are not as high as for unit managers across all countries. There is no degree requirement for assistants in nursing in all the participating United Kingdom facilities, half the organizations in Ireland, 20 percent in Australia and nine percent in Spain. The majority of facilities in Australia require an associate's degree or post-secondary certificate. In Spain, the key requirement is either a high school education and/or a post-secondary certificate or associate's degree. Among the Irish facilities requiring the degree, 38 percent require a high school education and 15 percent an associate's degree or post-secondary certificate.

Figure 20: Degrees of Assistants in Nursing (Percents) by Country



The majority of participating residential care facilities in the United Kingdom, Ireland and Spain do not require formal licenses for people to work as a care assistant. In Australia almost half the organizations require a certification to work as an assistant in nursing. This also applies to 13 percent of the facilities in the United Kingdom, 17 percent in Ireland and 35 percent in Spain. A policy clearance also is a requirement for a plurality of the facilities in the United Kingdom and Australia. The differences across countries as to the formal license requirements may be an area for further investigation with a larger study.

Figure 21: License Requirements of Assistants in Nursing (Percents) by Country



Nearly all the participating residential care facilities across the countries provide training opportunities for assistants in nursing on multiple topic areas. The top training areas are similar and include:

- Dementia care
- Preventing work injuries
- Resident care skills

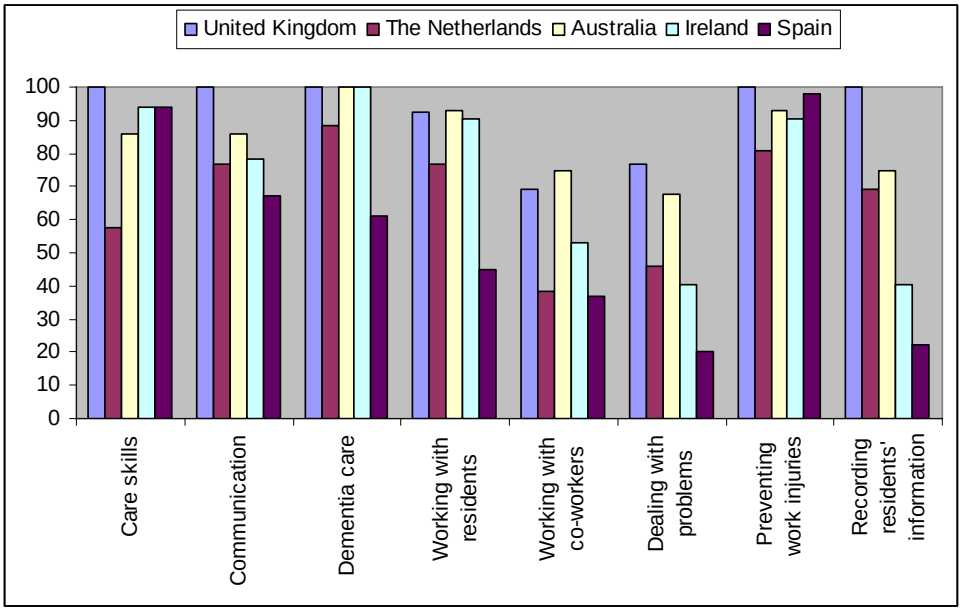
- Communication

Working with residents also is a popular training area, with the exception of Spain. Training topics that are not as highly ranked in at least two countries are:

- Dealing with problems
- Recording residents' information
- Working with co-workers

Only one organization does not offer training and this facility does not pay for offsite training for assistants in nursing.

Figure 22: Training Opportunities for Assistants in Nursing (Percents) by Country



Benefits

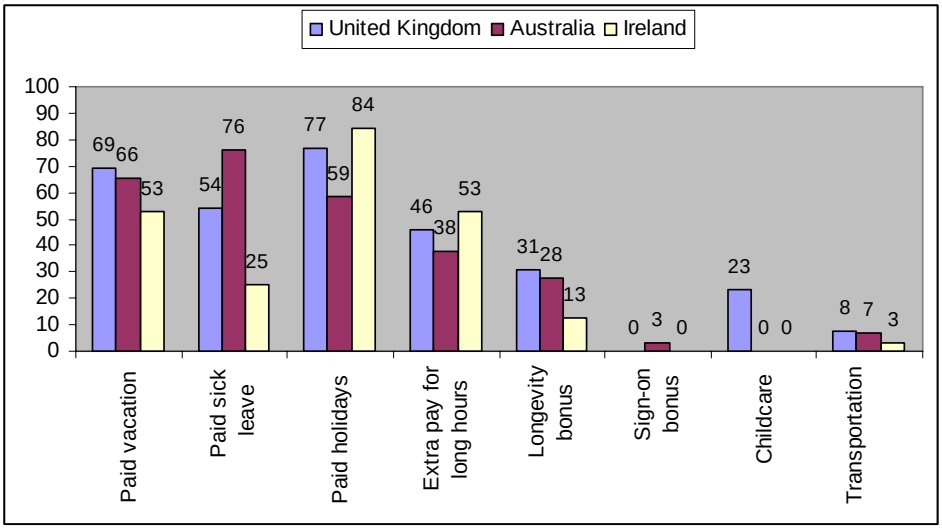
The majority of the participating organizations in the United Kingdom, Australia and Ireland offer some type, and often multiple, benefits for its assistants in nursing. One-half of the Spanish participating organizations do not offer any benefits.

The common benefits offered for assistants in nursing in the United Kingdom, Australia and Ireland are paid vacation or personal days and paid holidays. The majority of facilities in the United Kingdom and Australia also offer paid sick leave. Another benefit the organizations in three countries offer, but to a lesser extent than the ones mentioned above, is extra pay for working holiday. The United Kingdom is the only country to have any participating organizations offer childcare assistance or subsidies (23 percent)

Australia was also asked about salary packaging as a benefit for assistants in nursing. Most of the respondents, 72 percent, offer this type of benefit.

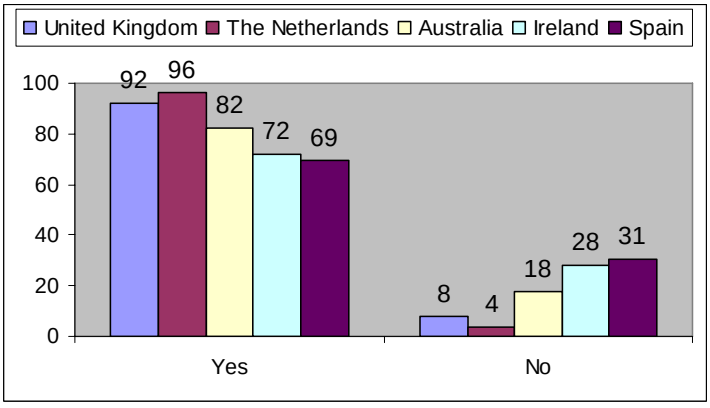
In Spain, 40 percent offer salary bonuses and 14 percent offer free canteen meals at work.

Figure 23: Benefits for Assistants in Nursing (Percents) by Country



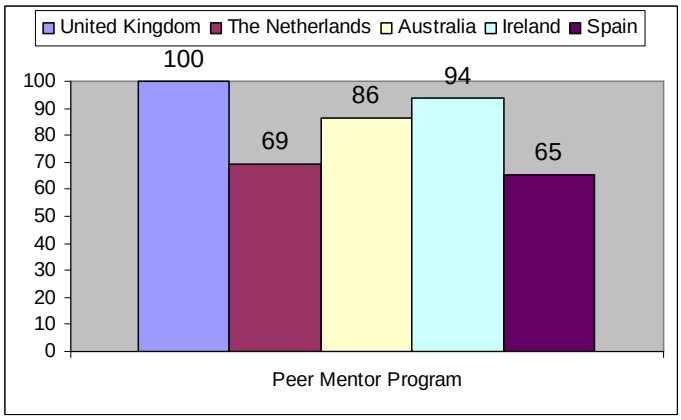
Consistent Assignment, Peer Mentoring and Career Advancement
The countries are, for the most part, similar in that the majority of care assistants are regularly assigned to care for the same residents. Spain and Ireland appear to have smaller percentage of less than three-quarter of the organizations.

Figure 24: Consistent Assignment for Assistants in Nursing (Percents) by Country



The majority, and for the United Kingdom all, of the participating facilities have a peer mentoring (a program where experienced staff are matched with new employees in one-on-one relationships to provide guidance and help in delivering care). There are some differences across the countries with higher percentages in the United Kingdom, Australia and Ireland.

Figure 25: Peer Mentoring Program for Assistants in Nursing (Percents) by Country

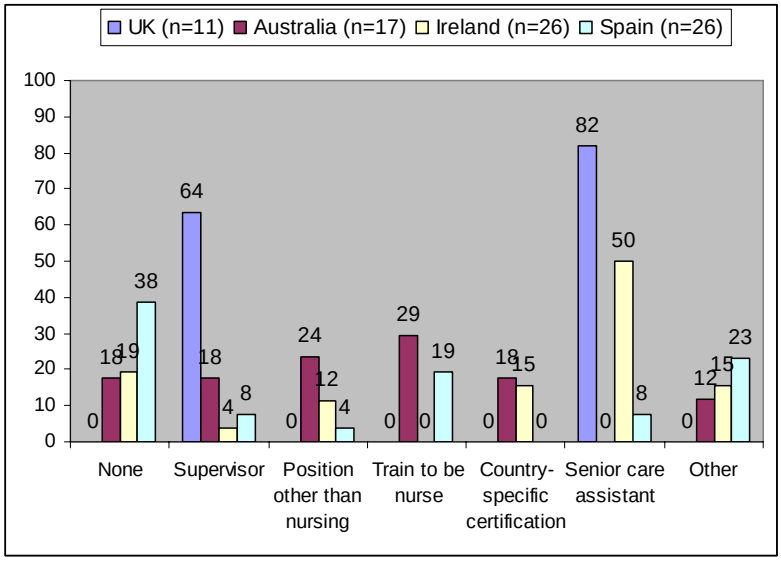


One of the survey questions was the career opportunities for assistants in nursing. Less than half of all the respondents answered the question and the sample sizes for each country are indicated in the graph below. Of those who responded to the question, it appears a small percentage, 20 percent or less, of the facilities do not offer any career advancement opportunities. This was indicated by the respondents who wrote “none” to the question. Spain has a higher percentage of 39 percent.

Of the facilities that do offer career advancement opportunities, there is a mix of opportunities and it does not appear that they are similar across the countries. It is important to keep in mind that the percentages are based on a small number of responses. The top responses for each country are listed below:

- United Kingdom: supervisor and senior care assistant
- Australia: positions other than nursing, such as therapy, and train to become a nurse
- Ireland: senior care assistant
- Spain: train to become a nurse

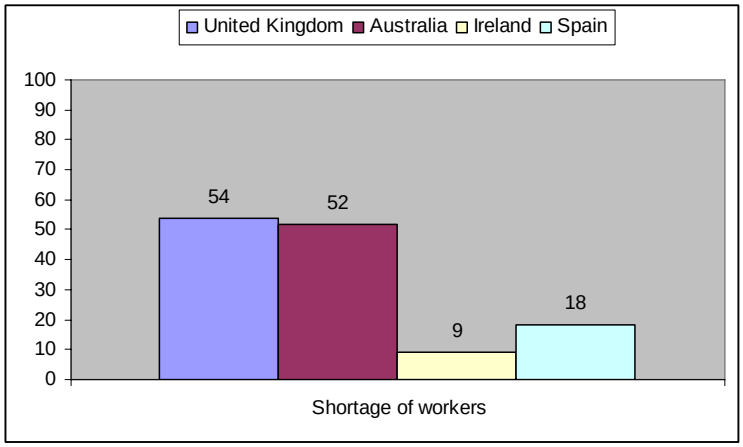
Figure 26: Career Advancement Opportunities for Assistants in Nursing (Percents) by Country



Recruitment and Retention of Assistants in Nursing

The shortage of assistants in nursing appears to be a more significant issue than the shortage of unit managers in the United Kingdom and Australia. While either none or approximately one-quarter of the participating facilities report a shortage of unit managers, more than half of these same organizations report a shortage of assistants in nursing. A different situation emerges in the participating residential care facilities in Ireland and Spain. Fewer of these organizations report a shortage of assistants in nursing than they do of unit managers. Additionally, they appear to have less of a shortage compared to the United Kingdom and Australia.

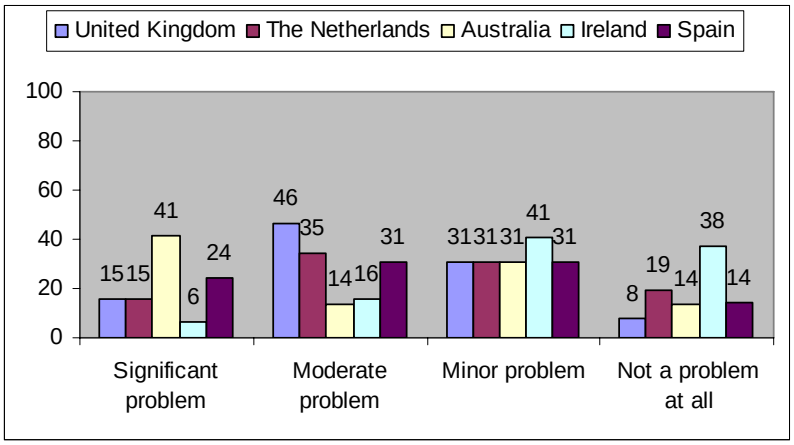
Figure 27: Shortage of Assistants in Nursing (Percents) by Country



With the exception of Ireland, the countries have a majority of the residential care facilities that believe the recruitment of assistants in nursing is a significant or moderate problem. A substantial majority in Ireland view the recruitment of these workers as a minor problem or not a problem at all.

By varying degrees, the United Kingdom, Netherlands and Ireland participating facilities appear more likely to believe that the recruitment of care assistants is a more serious issue than that of unit managers. This is particularly true of the majority of facilities in the United Kingdom. The recruitment of assistants in nursing, similar to that of unit managers, is a problem in Australia. The facilities in Spain are more likely to view the recruitment of unit managers as more substantial, but a majority still believes the recruitment of assistants in nursing is serious or moderate issue.

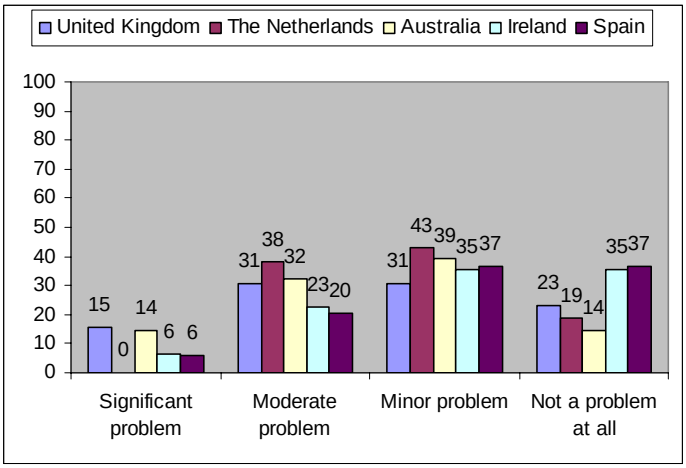
Figure 28: Recruitment of Assistants in Nursing (Percents) by Country



Across all the countries, the retention of assistants in nursing does not appear to be as a critical as the recruitment. The majorities indicate the retention is a minor or not a problem at all, with the highest percentage of "minor problem." A plurality of facilities in the United Kingdom, Netherlands and Australia report that the retention of assistants in nursing is a significant or moderate problem (with a higher percentage indicating moderate problem). The one exception is Ireland that has high percentages of minor problem or not a problem at all for both the recruitment and the retention.

The retention of both assistants in nursing and unit managers does not appear to be a major problem across all the countries. In the United Kingdom, Netherlands and Australia the retention of assistants in nursing appears to be more significant than for unit managers. All three countries have higher percentages of facilities reporting the retention of assistants in nursing as a significant and moderate problem than for unit managers. In Ireland, the percentages are similar and Spain has a lower percentage.

Figure 29: Retention of Assistants in Nursing (Percents) by Country



The differences across countries could be an area of further research to understand how the organizations in these respective countries are addressing the issues, the reasons behind the differences and how they can learn the effective strategies from each other to better recruit workers. For many facilities, the retention of assistants in nursing does not appear to be a problem. Further research may be conducted to understand the retention strategies and their effectiveness.

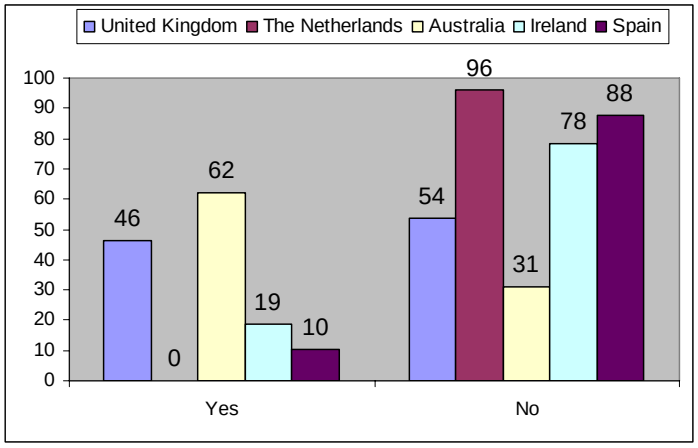
General Workforce Issues

Cultural Competency
The countries differ in the extent the participating residential care facilities offer cultural competency training for its staff. Australia is the only country where majorities of facilities offer cultural competency training. This may be necessary given that almost one-quarter of both assistants in nursing and unit managers are originally from other countries.

Almost none of the participating facilities in the Netherlands offer cultural competency programs. This may be because of the low percentage of a foreign-born workforce among its unit managers and assistants in nursing. Ireland also has a high percentage (78 percent) of its facilities not offering cultural competency training. This may be surprising given it has one of the largest foreign-born workforce among the participating countries.

The United Kingdom and Spain also have more than half the facilities that do not provide cultural competency training. Both these countries experience a low foreign-born workforce and the training may not be deemed as necessary.

Figure 30: Cultural Competency Programs (Percents) by Country



Workforce Problems or Issues Facing Organizations
The respondents were asked to select three issues that were their top workforce problems or issues. The reporting of the findings in this section, as well as the sections on workforce availability, sources of information to address workforce issues and challenges surrounding the use of a foreign-born workforce, are based on combining the multiple responses for each organization and, therefore, the totals are more than 100 percent.

While the countries have some differences in the top workforce problems or issues, the themes across the countries are similar. Three workforce issues are one of the top three in four of the five countries, although not among a majority of organizations in all countries:

- Difficulty attracting new employees (United Kingdom, Netherlands, Australia and Spain)
- High workloads for both professional and paraprofessional staff (Netherlands, Australia, Ireland and Spain)
- Inability to offer competitive wages (United Kingdom, Netherlands, Australia and Ireland)

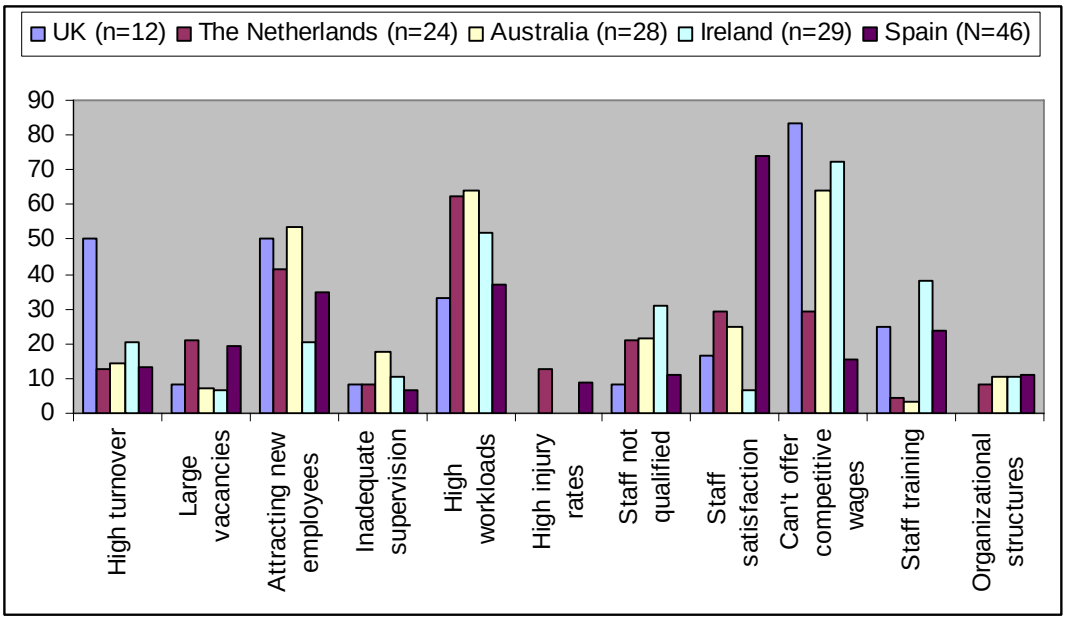
The staff satisfaction rate is one of the top three issues for both the Netherlands and Spain. The United Kingdom is the only country to have high turnover as a workforce issue. This may be driven by assistants in nursing because the retention of unit managers is not seen as a serious issue.

The remaining issues receive one-third or less of the facilities indicating it as an issue for their organization. The issues that appear to be the least problematic for the participating facilities are:

- Inadequate supervision
- High accident or injury rates
- Organizational structures

Given the similarities of issues facing these organizations, this may be an area for further research to understand the severity of the problem across each country and how organizations are addressing these issues.

Figure 31: Top Workforce Problems or Issues (Percents) by Country

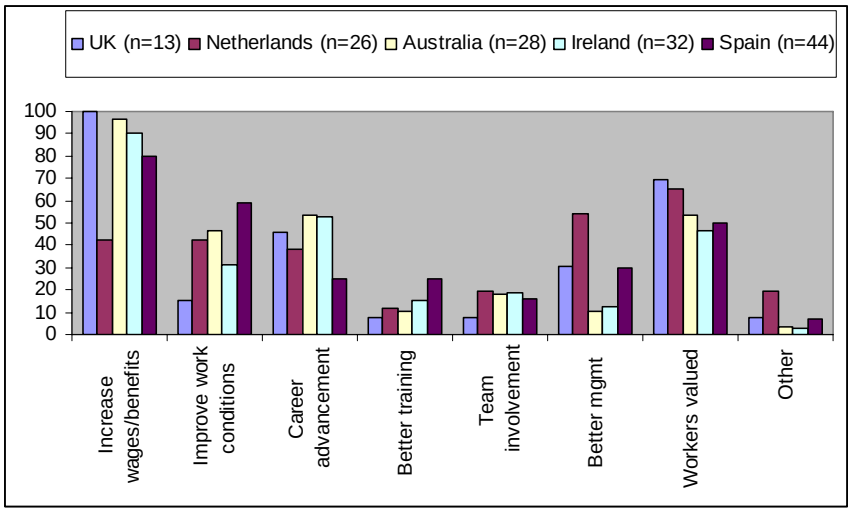


Factors Affecting Availability of Workers

The facilities across all the countries have similar ideas of the factors most likely to influence or attract the availability of sufficient number of competent professional and paraprofessional staff in the long-term care field. The two key factors among all the countries are increasing the wages and benefits and workers feeling valued. This is clearly a key factor, especially given the fact that most of the countries identify their inability to pay competitive wages as a top issue.

The remaining factors are more scattered across the countries. The facilities in the United Kingdom, Australia and Ireland indicate developing pathways to career advancement as a crucial factor to recruit competent workers. Only two countries— Netherlands and Spain—report improving working conditions and the Netherlands is the only country to have a majority of the facilities believe that better management and supervision is one of the top three factors.

Figure 32: Top Factors Most Likely to Influence Availability of Workers (Percents) by Country

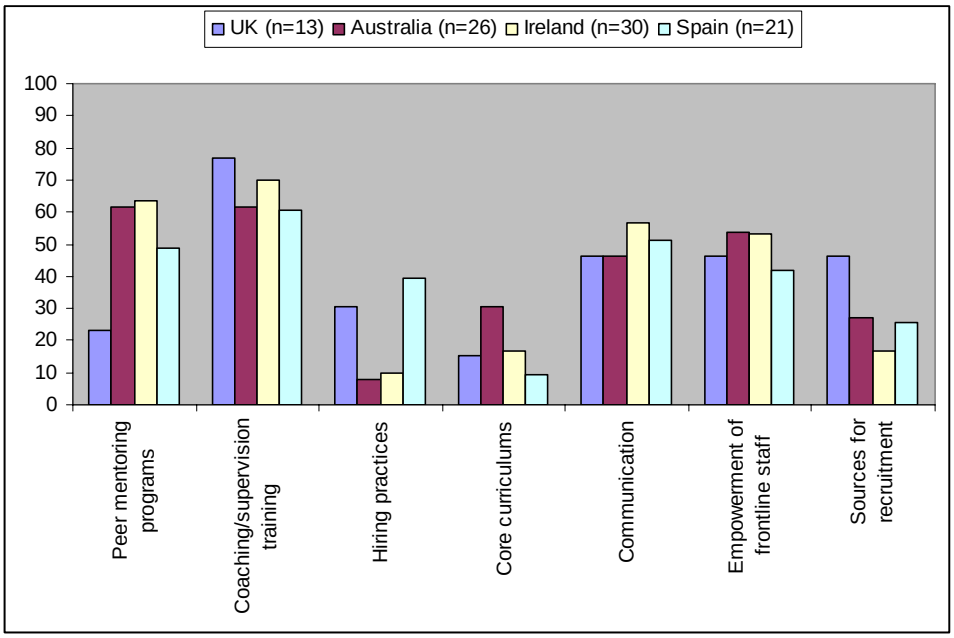


Sources of Information and Technical Assistance to Address Workforce Issues
The countries identify similar sources of information and technical assistance to address the long-term care workforce issues and challenges. While supervision is not seen as a top workforce issue, it is the number one issue for all four countries as the technical assistance necessary to address these issues and challenges. The two other key types of information or technical assistance for three of the four countries are:

- Peer mentoring programs (Australia, Ireland and Spain)
- Communication (United Kingdom, Ireland and Spain)

The United Kingdom and Australia also believe that the empowerment of frontline staff is assistance needed to help improve the workforce. The United Kingdom is the only country to identify sources for recruitment.

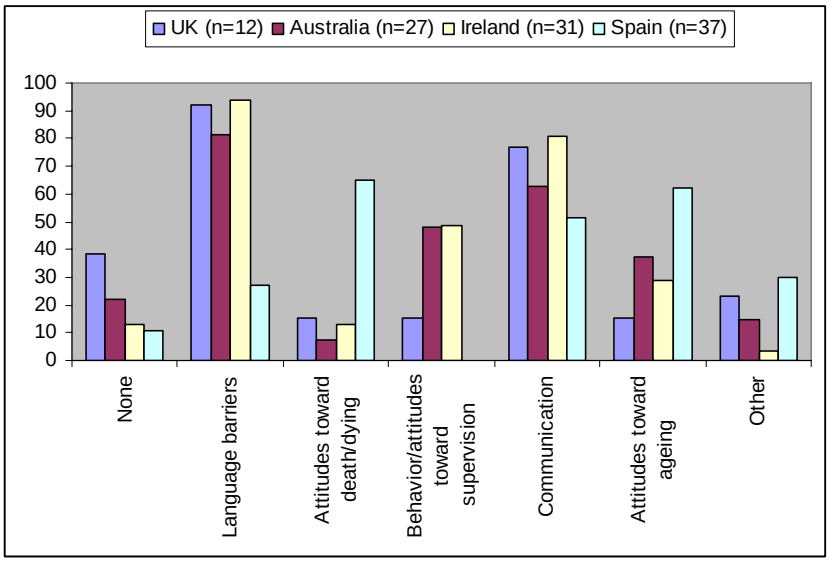
Figure 33: Top Types of Information to Address Long-Term Care Workforce Issues and Challenges (Percents) by Country



Issues and Challenges on Use of Foreign-Born Workforce

Almost one-quarter and 40 percent of the facilities in Australia and the United Kingdom respectively report that they do not have any challenges with the use of a foreign-born workforce. Ireland and Spain have a smaller percent of facilities not affected by these issues, 13 percent and 11 percent respectively. The remaining facilities across the four countries have the same two top issues— language barriers and verbal and non-verbal communication. A sizable percentage of facilities identify "other" responses that were not listed as an option. The individual items did not receive more than a few people identifying it as a challenge.

Figure 34: Top Challenges of Foreign-Born Workforce (Percents) by Country



Workforce Initiatives

Given the many challenges and issues these organizations face, it is valuable to understand whether these organizations are developing strategies to address the workforce issues and the types of initiatives they are implementing.

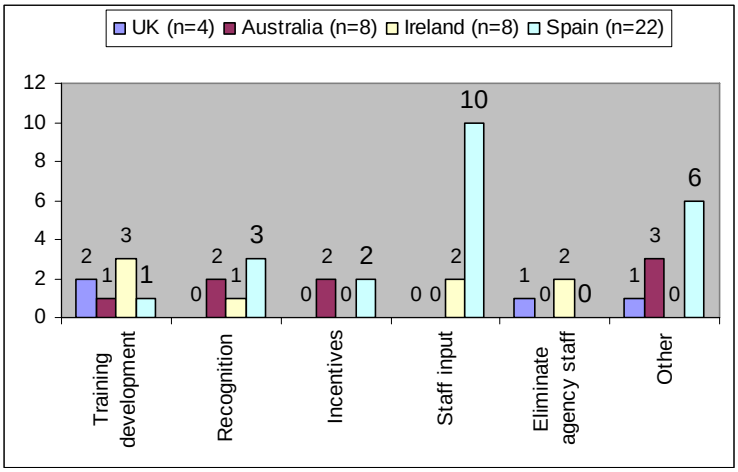
Approximately three-quarter or more of the facilities in the United Kingdom and Spain have implemented workforce initiatives. Australia has more than half of the facilities engaged in these types of activities. Ireland is the only country to have the majority of the facilities not participating in workforce initiatives.

The countries differ in the types of initiatives pursued at the organizations and there are differences within each country. The types of initiatives are:

- Training and professional development
- Staff rewards, recognition and activities
- Bonuses and incentives
- Staff involvement and input into decision-making
- Eliminate agency staff

As can be seen in Figure 35, there is only a small number of respondents from each country. As a result, the graph shows the actual number of responses instead of the percentages. A larger study can better assess the different types of workforce initiatives the residential care facilities are implementing and the effectiveness of these activities.

Figure 35: Workforce Initiatives (Actual Number of Responses) by Country



Equipment and Special Devices

Tasks of Staff: Physical Demands and Equipment Support
The survey asked each respondent to rate the physical demands of the tasks for the nursing staff (the unit manager and assistants in nursing). The scale was from one to five, with five being very physically demanding. Twenty-two tasks were listed and Figure 36 shows the tasks where at least one country gave an average rating of 2.5 or higher (moderate or higher physical demand).

The countries have similar ratings of the physical demands of the staff tasks. None of the tasks receive an average rating of four or higher and, therefore, the tasks are rated as a moderate level of physical demand. The most physically demanding task across all the countries, with an average rating between 3.0 and 3.53, is manual lifting. Other physically demanding tasks with high ratings in three or more countries are:

- Bathing residents
- Dressing and undressing residents
- Transferring residents
- Positioning residents in the wheelchair
- Assist with personal hygiene

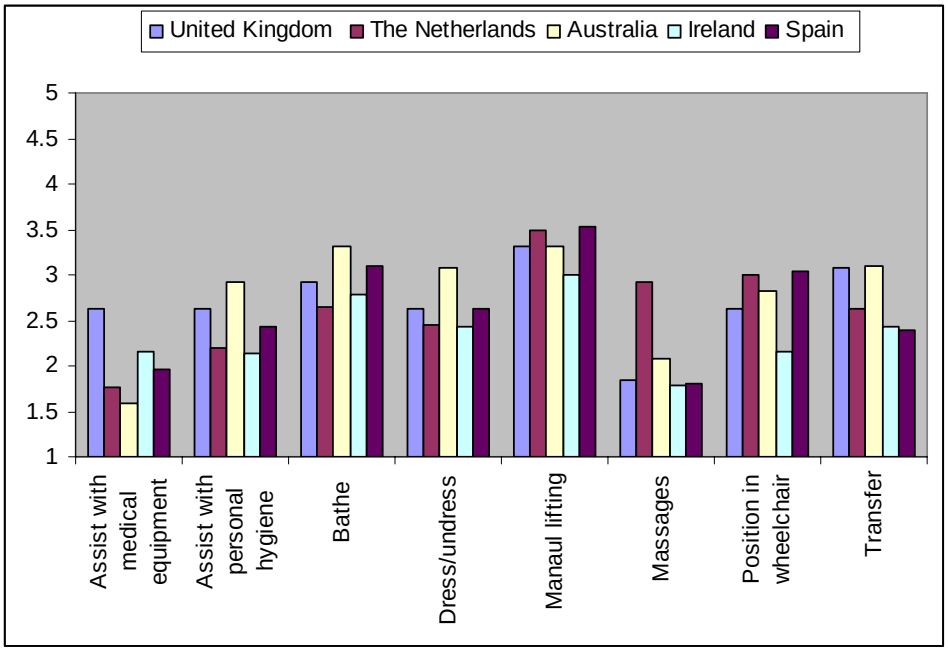
Ireland rates massages as relatively physically demanding and the United Kingdom has a similar rating for assisting with medical equipment.

The countries have similar low ratings for the physical demands of several tasks (rating less than two) and they include:

- Take and record temperature, pulse, respiration and blood pressure
- Serve meals, water and snacks
- Stock control
- Feed residents who need help

- Change dressings
- Infection control
- Take residents to the hairdresser and other appointments

Figure 36: Average Scores of Physical Demands of Daily Tasks by Country



As seen in Table 4, only a small number of respondents indicated the tasks staff members do not have enough support by the available equipment. Few tasks receive more than half of the facilities reporting they do not have the equipment support. Many receive one-third or less of the respondents. The top task is manual lifting as seen by all the countries as not having the necessary support and, as stated previously, is one of the most physically demanding tasks.

In Ireland and Spain, there is not one task where more than half the facilities indicate they do not have enough support with the available equipment. The top tasks in Ireland are manual lifting and bathing residents. In Spain, they are manual lifting and assist with medical equipment.

Among the five facilities that responded in the United Kingdom, the top tasks facilities do not have enough support with the available equipment are to provide social stimulation, activities and exercise, etc. and transfer residents. The majority of facilities who responded in Australia report manual lifting. Given the small numbers, this may be an area of future research to understand which tasks lack equipment support and the type of support needed.

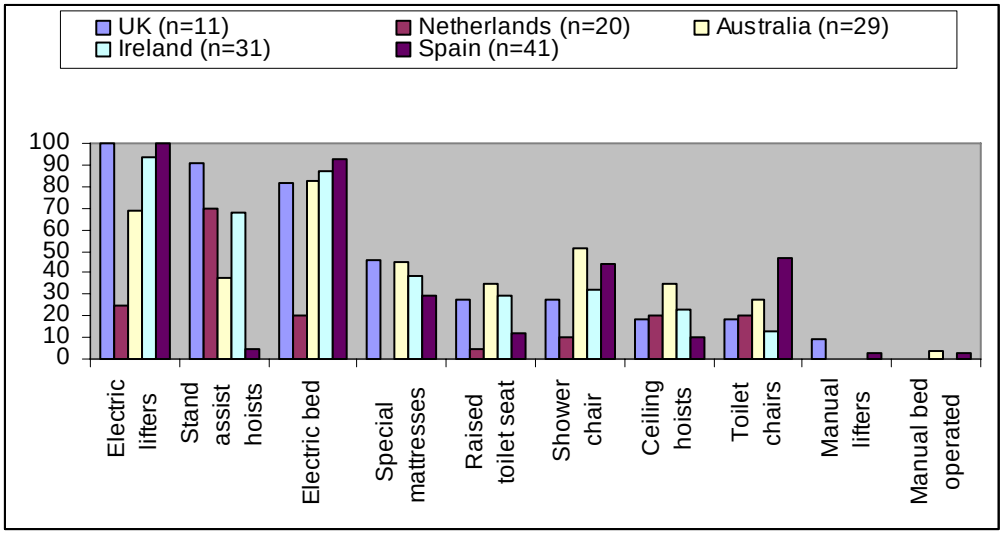
Table 4: Staff Tasks Lacking Support from Available Equipment (Percents) by Country

	United Kingdom (n=5) (percentages)	Australia (n=13) (percentages)	Ireland (n=17) (percentages)	Spain (n=22) (percentages)
Assist with medical equipment	20	0	6	41
Dress/undress	0	15	12	9
Assist with braces and artificial limbs	0	15	0	14
Assist with personal hygiene	0	23	6	14
Bathe	0	38	35	23
Change dressings	0	0	6	5
Continence management	0	8	0	5
Feed	20	15	6	5
Help walk	0	46	12	14
Infection control	0	0	6	0
Manual lifting	20	54	41	41
Massages	0	8	24	9
Measure weights	0	0	6	18
Positioning in wheelchair	0	8	12	14
Provide activities	60	8	6	18
Serve food/liquids	0	0	6	5
Skin care	0	8	6	0
Stock control	0	0	0	9
Take and record temperature, pulse, etc.	0	8	0	5
Take to appointments	20	0	12	0
Transfer	60	38	18	9
Transport in a wheelchair	0	15	18	9

Equipment to Reduce Physical Demands, Equipment Difficulties and Suggested Improvements

The respondents were asked to rank the most important equipment or special devices to help reduce the physical demands of staff. The two most important equipments or special devices, across all the countries, are electrically operated lifters and electrically operated care beds. The stand assist hoists also are important for a majority of the facilities in the United Kingdom and the Netherlands. Approximately half the facilities in Spain rate the shower chairs or bath benches as important to reducing the physical demands of staff. The remaining types of equipments and devices receive less support.

Figure 37: Most Important Equipment or Special Devices to Reduce Physical Demands of Staff (Percents) by Country



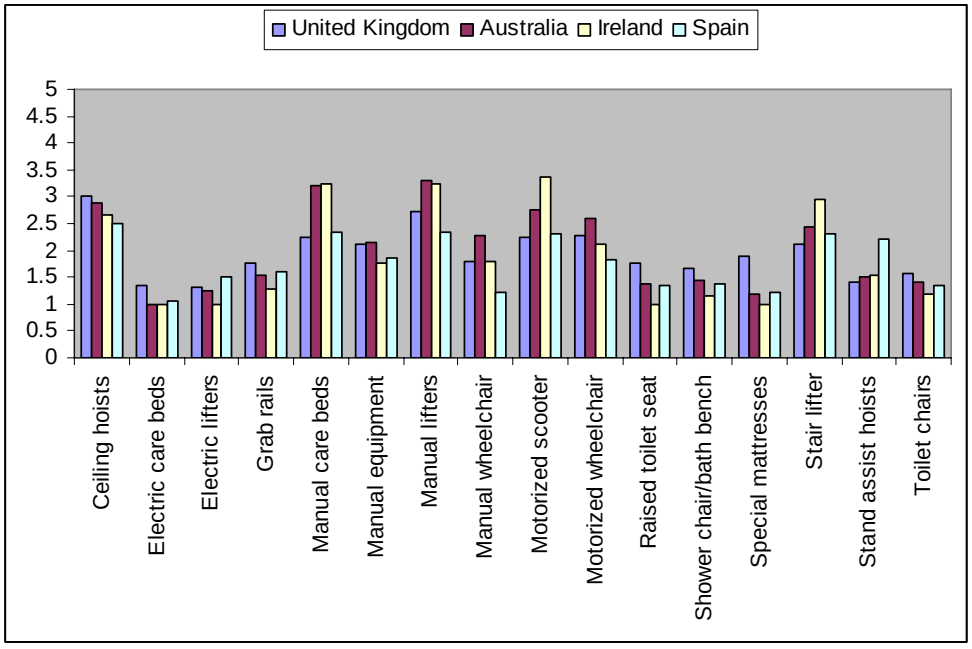
The respondents were asked to rate the ease of use of the equipment and special devices a on a scale of one to five with one being most easy. The most easy to use equipments (average score of less than two) by at least three of the four countries are:

- Electric care beds
- Special mattresses
- Electric lifters
- Toilet chairs
- Shower chair/bath bench
- Manual wheelchairs
- Raised toilet seats
- Grab rails

On the other side, the countries identify similar equipment as the most difficult to use. The manual lifters, manual care beds and ceiling hosts are rated as the most difficult by at least three countries and receive an average score of 2.5 or higher by each country.

The participating facilities in Ireland, on average, perceive the motorized scooter to be more difficult to use than those in the other countries. They give a rating of 3.38 compared to 2.25 (United Kingdom), 2.75 (Australia) and 2.32 (Spain).

Figure 38: Average Scores of Ease of Use of Equipment and Special Devices by Country (Only equipment ranked as most important)



A small number of facilities from each country responded to the question about the difficulties with the equipment. Given the small number, the chart below summarizes the responses by the actual number of respondents and not the percentages. Figure 38 shows the types of equipments that may be difficult to use and an area of further exploration with a larger study.

Most countries have few, if any, facilities indicate that there are no difficulties with the equipment. However, only a few facilities in each country identify the same type of equipment and it is difficult to assess the key problems across the countries.

In Spain, the majority (nine facilities) report generally that the equipment is difficult to use and cumbersome, particularly the manually operated equipment. This is a top response as well in Australia (six facilities) and the Netherlands (two facilities). For example, some respondents report that the use of manual equipment is hard and requires a lot of effort and the hoists are difficult and heavy. In addition, the incorrect use of the hoists can put a client's health at risk.

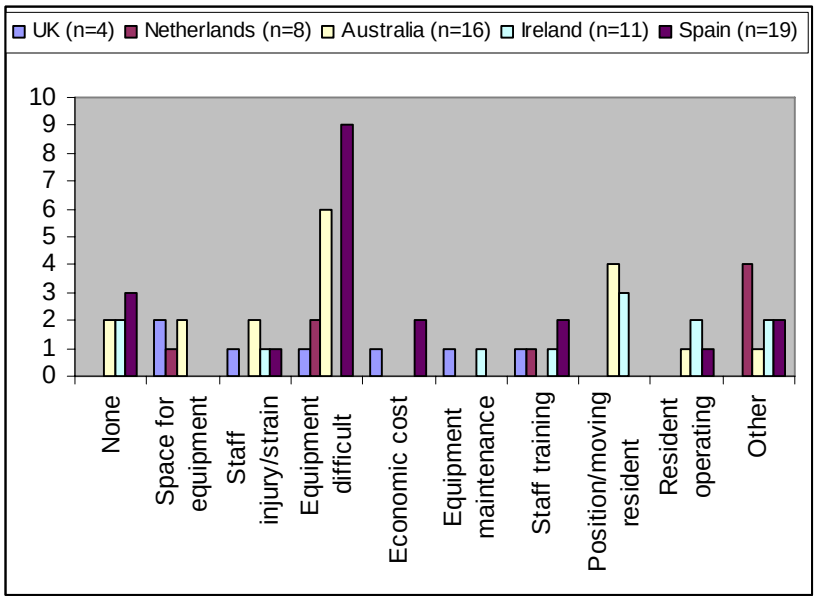
In the United Kingdom (n=4), no one type of difficulty is consistent across the four facilities that responded to the question. The top one is that there is not enough space to use the equipment, as reported by two facilities.

In Australia, in addition to the equipment being cumbersome, the other top difficulty is being able to position and move the residents with the current equipment (four facilities). One example is positioning the resident to correctly use the equipment. Another example is when a resident cannot assist or is obese, some feel the equipment or special devices are not useful. The inability to move or position residents is also a top issue in Ireland (three facilities).

A few facilities mention the following difficulties:

- Equipment causes staff injury or strain, for example shoulder and back strain and the manual beds can cause strain or injury
- It is difficult for the residents to operate some of the equipment, this is particularly true of the motorized wheelchair and scooters
- The economic cost of the equipment
- Maintenance of the equipment
- Training staff on the equipment and the staff not having the competency to use the equipment

Figure 39: Difficulties with Equipment (Actual Number of Responses) by Country



A small number of the respondents indicated their suggested equipment or equipment improvement to increase the support for the nursing staff's daily tasks. Figure 39 summarizes the actual number of respondents for each item and not the percentage of responses.

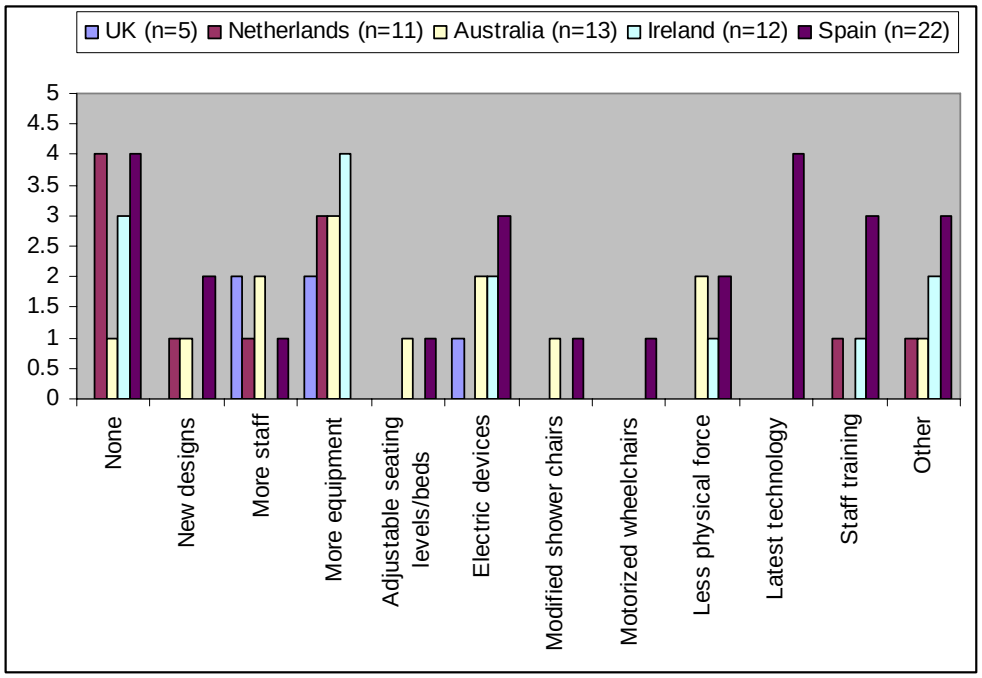
Most of the respondents do not have any suggestions for equipment or equipment improvement. Among those who have recommendations, several facilities do not have specific suggestions of equipment or improvements and more generally indicate that they want more staff, more equipment and more staff training on the equipment. The most commonly reported equipment that facilities would want more of are hoists and shower chairs. This may be an area of further research with a larger study.

The United Kingdom, Australia, Ireland and Spain also have at least one facility suggesting electrical devices to help with the manual handling of residents. Two electrical operated equipments often reported are electric hoists and electric wheelchairs.

The remaining equipments or equipment improvements have two or more facilities in Spain or Australia believing these will help increase staff support. These include:

- Spain: new designs, for example lifting machines to help with transferring of residents, equipment that requires less physical force from staff, the latest equipment technology and staff training
- Australia: less physical force from staff

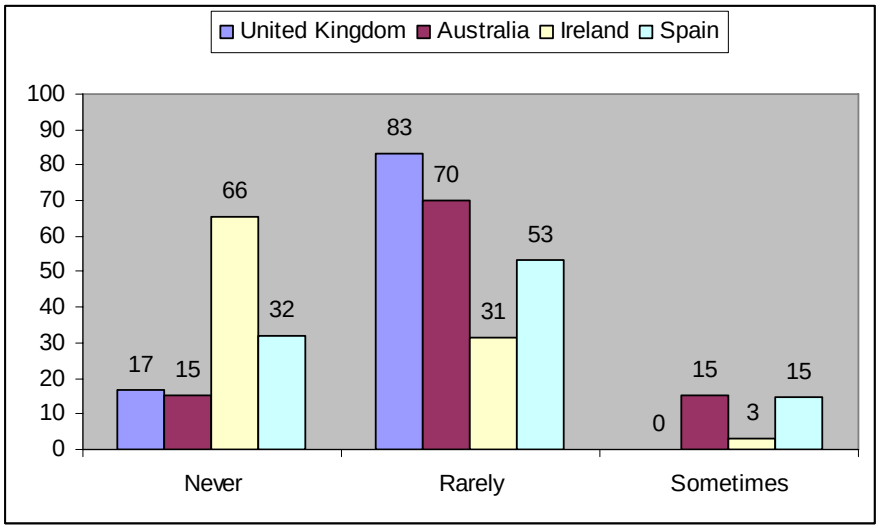
Figure 40: Equipment Improvement to Increase Staff Support (Actual Number of Responses) by Country



Staff Injuries

None of the participating facilities report frequent staff injuries due to the improper function of equipment of devices. The majority of facilities in Ireland never have staff injuries, while the majorities in the United Kingdom, Australia and Spain rarely have injuries. Australia and Spain also have 15 percent of the facilities reporting that staff injuries occur sometimes. This may be an area of further research with a larger study as to the differences between the countries and what causes the staff injuries.

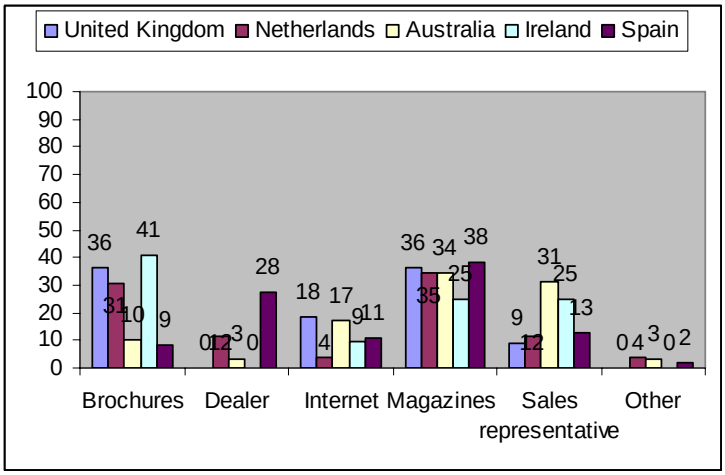
Figure 41: Staff Injuries (Percents) by Country



Equipment Information and Training

The countries vary in their primary sources of information about existing and new medical equipment. None of the different types of information sources are reported by more than 50 percent of the facilities. The top source of information is magazines for health personnel, as reported on average by about one-third of the facilities. Three countries— the United Kingdom, Netherlands and Ireland— use brochures to get information about equipment. Sales representatives are somewhat popular in Australia and Ireland. Less than one-fifth of the facilities in all the countries use the Internet.

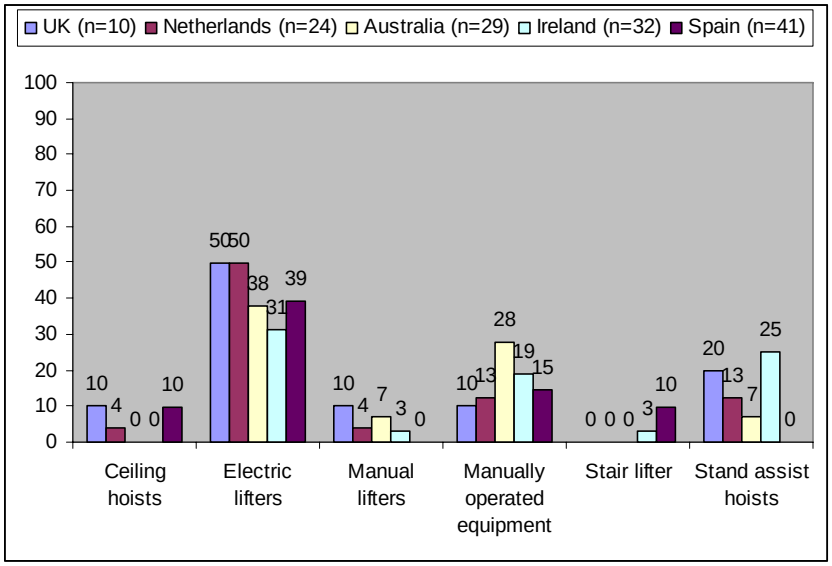
Figure 42: Source of Information about Existing and New Medical Equipment (Percents) by Country



The respondents were asked to select which medical equipment and devices they need the most training. The respondents could select multiple items. Figure 42 summarizes the percents by country of the equipments most commonly selected. The countries are similar in that most facilities need training on the electrically operated lifters. This has the highest percentage of facilities in each country. The countries are split on the second highest rated equipment for training. In the United Kingdom and Ireland, it is the stand assist hoists. In Australia and Spain, it is the manually operated equipment, besides lifters, such as glide sheets, handling belts, etc. Additionally, in Australia, the stand assist hoists and the manually operated equipment both receive the second highest percentages of facilities indicating they need training. Almost one-fifth of the facilities in Ireland also need training on the manually operated equipment.

The countries also are alike in the equipment they need the least training, such as stair lifters, special mattresses, motorized wheelchairs, motorized scooters, manual wheelchairs and electrically operated beds.

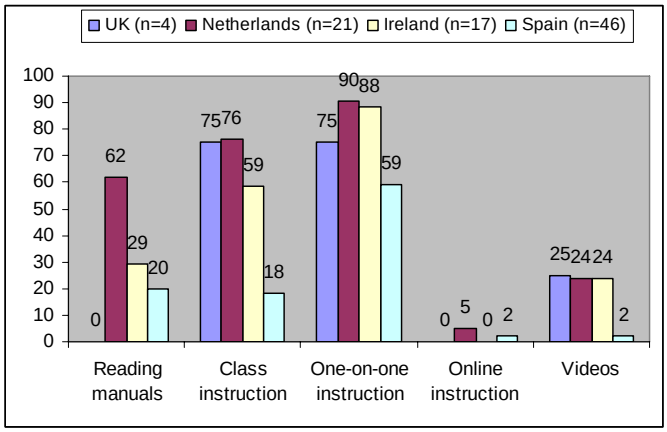
Figure 43: Equipment Training Needs (Percents) by Country



The respondents were asked to select all the ways in which staff members trained in the use of the medical equipment and special devices. The respondents could select more than one answer, with the exception of Spain who only reported the number one method for training. When reading the data for the United Kingdom, it is important to keep in mind that only four facilities responded and even large percentages represent small numbers.

The top method for training across all four countries, and with more than half the facilities in each country, is one-on-one instruction. Three of the four countries have a majority of facilities that use the class instructions (United Kingdom, Netherlands and Ireland). Reading manuals may be another widely used method in the United Kingdom. Only approximately one-quarter of the facilities use video, with the exception of Spain that has only two percent of the facilities using video. Online training is not commonly used, with five percent or less of the facilities.

Figure 44: Staff Training on Equipment (Percents) by Country



Conclusion

The goal of the small-scale study was to gain an initial understanding of the differences and similarities across countries on the workforce issues and health care products. The study had limited resources and it was difficult to recruit member to participate in the study. The response rate was low in most countries and the research team was not able to conduct statistical tests to determine significant differences across the countries. Instead, the team used descriptive analysis to describe the findings for each country and possible differences.

The research team had a purposive sample of members of IAHSA. The sample is not representative of all residential care facilities in the respective countries and cannot be generalized beyond the participating facilities. However, the study gleans some preliminary differences, as well as similarities, across the countries. It raises questions on areas to explore further with a larger study and a collaborative approach with researchers in each country to delve into some of the issues.

While the research team worked with the contacts in each country to use the appropriate terminology for some key terms, such as the positions, types of facilities, peer mentoring and cultural competency, this was not done with every term in the survey. It is possible that respondents interpreted terms differently. For example, when asked about the formal licenses necessary for unit managers and assistants in nursing, there may have been issues with what is considered licensed and not licensed.

This section summarizes the key findings and differences across the countries. These findings raise questions and warrant a larger research study for more detailed analysis.

Equipment

- In general, the physical demands of the nursing staff tasks are viewed, at most, as moderate. Manual lifting is the most physically demanding task across all

countries and bathing residents is one of the more physically demanding tasks. While the countries have differences, most also rate dressing and undressing residents, transferring residents, positioning residents in a wheelchair and assisting with personal hygiene as a moderately demanding task.

- Manual lifting is the most physically demanding task and the task that has the least equipment support in all the countries. Few facilities reported which tasks they need more support from the available equipment and a larger study could discern which tasks lack the necessary support from the equipment and the type of support needed.

- The electrically operated equipment, such as care beds and lifters, are generally viewed as the most important to reduce the physical demands of staff. They also are rated as one of the easiest to use in all countries. The other types of equipment seen as important and/or easiest to use are not consistent across the countries and may require more detailed analysis with a larger study.

- Small number of facilities responded to the survey question about the difficulties with the current equipment and recommendations to improve the equipment.. The facilities within and across countries have several different types of difficulties identified and a theme did not emerge from this study as to the problems and specific solutions and recommendations. This raises the question of what are the key problems and what would help improve the current equipment that could be answered with a larger study.

- Although not a majority of facilities in any country, magazine for health personnel is the top source of information about existing and new products for all countries, except Ireland. The most widely used source in Ireland is brochures, which is also popular in the United Kingdom and the Netherlands. The other types of information sources vary across the countries.

- The countries are similar that the highest percentage of facilities in each country needs staff training on electrically operated lifters. They also are similar in that the second equipment needing the most training is either stand assist hoists or manually operated equipment.

- One-on-one instruction is the most widely used training on equipment in each country. Additionally, with the exception of Spain, another popular mechanism to train staff is through class instruction. There are variations across the countries in the percentage of facilities that use reading manuals and videos. Few facilities use online instruction in all countries.

Workforce

- The duties of unit managers vary across the countries. In the United Kingdom and Australia unit managers are primarily responsible for administrative, supervisory and medication tasks. Unit managers appear to have more variety in their daily

tasks in Ireland and Spain with a combination of administrative and the hands-on responsibilities. This raises the questions as to what are the differences in the key responsibilities of unit managers and its impact on the work environment and quality of care.

- While most facilities provide training for unit managers, the countries have differences as to the most frequently offered topics. Some countries, such as the United Kingdom, Australia and Ireland, have majorities of facilities offering several topics such as soft skills, regulatory issues, and clinical skills. On the other hand, most of the facilities in the Netherlands and Spain offer only a handful of topics. A more detailed analysis on the training for unit managers and its impact on the work environment could provide some useful insights.

- In general, the participating facilities across the countries do not appear to have a significant shortage of unit managers and the highest percentages are in Spain and Australia.

- The recruitment of unit managers is most prevalent in Spain and Australia and least problematic in the United Kingdom and Ireland. The facilities do not appear to have challenges in retaining unit managers. Spain is the exception where facilities are mixed in the degree of the retention of unit managers is a significant issue. A larger study could examine the differences between the countries, what contributes to these differences and the effective strategies used to recruit and retain unit managers.

- The use of agency staff for assistants in nursing varies considerably across the countries, with high percentages of facilities in the United Kingdom, Australia and the Netherlands and lower percentage in Ireland and Spain. Among those facilities using agency staff, variations exist in the percentages of assistants in nursing who is agency staff.

- While most of the duties of assistants in nursing are similar, the United Kingdom and Australia appear to permit them to have more administrative tasks and, at some capacity, responsibility for medication. A larger study would allow more detailed analysis to assess the affects, if any, of assistants in nursing having administrative responsibilities.

- Spain is the least likely to have consistent assignment, peer mentoring and career advancement opportunities for assistants in nursing compared to the other countries. The facilities within and across countries have many different types of career advancement opportunities these workers.

- Australia is the only country to have a majority of facilities with a shortage of both unit managers and assistants in nursing. Spain's shortage appears to be highest with unit managers and the United Kingdom it is with assistants in

nursing. The facilities in Ireland, for the most part, do not appear to have a shortage with either group of workers.

- The recruitment of assistants in nursing is problematic for all countries, with the exception of Ireland. It would be interesting to explore why these facilities in Ireland do not appear to have problems with its recruitment. The retention of assistants in nursing does not appear to be as significant across the countries. This could be an area of further research to understand how the organizations in these countries are addressing the issues, the reasons behind the differences and the best practices in strategies to recruit and retain workers.

- While cultural competency programs are offered at most facilities in the United Kingdom and Australia, it is not widely used in the Netherlands, Ireland and Spain. A larger study could examine the extent facilities offer cultural competency programs, the types of programs and its impact on the workforce.

- The most difficult issues facing the facilities are being able to attract new employees, high workloads for staff and the inability to offer competitive wages.

- Wages and benefits and workers feeling valued are the top factors that influence the availability of competent workers.

- Facilities need assistance in coaching and supervision training and to a lesser extent peer mentoring programs to address the long-term care workforce issues.

- The greatest challenge of the foreign-born workforce for most of the participating facilities in the countries is communication and language barriers.

- While similarities exist across the countries in the top workforce issues, the secondary issues are more varied across the countries. A larger study with more detailed analysis would help to better understand these topics and how the countries are addressing them.