



Australian
Nursing &
Midwifery
Federation

AGED CARE COVID-19 SURVEY

Preliminary Report



May 2020



Overall, 1,980 individuals participated in the survey. Of 1,523 participants who reached the end of the survey, 908 (60%) were ANMF members.

Staff from all **States and Territories** participated with the largest groups from New South Wales (n = 655/ 33%), Victoria (n = 591/ 30%), Queensland (n = 299/ 15%), and South Australia (n = 220/ 11%).

Key points:

The information below reports responses in percentages where 100% refers to the total number of respondents to that particular question. Around 1,500 participants provided responses to each question.

Preparedness for a COVID-19 outbreak

Overall, less than 40% of respondents felt prepared for an outbreak of COVID-19 in their workplace. Respondents in the Northern Territory (83%) felt the most prepared, while respondents in Western Australia (27%) felt the least. Respondents who work in for-profit (45%) and non-for-profit (44%) residential aged care facilities felt the least prepared.

Personal Protective Equipment (PPE)

Overall, less than 30% of respondents reported that their workplace had adequate supplies of PPE. The only State/Territory where over 46% of respondents reported adequate supplies of PPE was the Northern Territory (73%). Only a quarter of respondents from Queensland, South Australia, and Western Australia reported adequate supply. Around a quarter of respondents working in residential aged care reported that they either had not or did not know if they had been provided with recent training or information on the correct use of PPE.

Registered nurse rostering

Between 8% (for-profit residential aged care) and 17% (Government owned residential aged care) of respondents reported that there was not a registered nurse rostered on all shifts, including weekends, in their workplaces.

Staff cuts

Since the beginning of March 2020, 43% of respondents from in-home aged care reported staffing cuts, while in the residential aged care sectors 13% (Government owned), 17% (not-for-profit), and 19% (for-profit) reported recent employer cuts to staffing. Further, three quarters to 80% of respondents working in residential aged care reported that no care staffing increases had occurred in preparation for a potential COVID-19 outbreak and where staffing increases had occurred (reported by 16% of respondents overall), only around half of the respondents who reported an increase and provided further information said the increase would be enough.

Willingness to work

Overall, around half of all respondents (53%) reported that they would be willing to work more shifts of increased hours during the COVID-19 outbreak if they were offered them. Only just over a quarter of respondents (29%) reported that they would be unwilling to work more shifts or hours, most often due to family and caring commitments.



Results

Profile of survey participants

Overall, 1,980 individuals participated in the survey. Of 1,523 participants who reached the end of the survey, 908 (60%) were ANMF members.

Staff from all **States and Territories** participated with the largest groups from New South Wales (n = 655/ 33%), Victoria (n = 591/ 30%), Queensland (n = 299/ 15%), and South Australia (n = 220/ 11%).

The largest **age groups** of the 1,966 participants who responded to this question were aged between 45-54 (n = 558/ 28%), 55-64 (n = 509/ 26%), 35-44 (n = 365/19%), and 25-34 (n = 329/ 17%). Roughly equal numbers of people aged between 18-24 (n = 105/ 5.5%) and 65+ (n = 100/ 5%) participated.

The **gender profile** the 1,967 participants who responded to this question was 91.5% female, 6% male, and 2.5% preferred not to say. Two participants identified themselves as 'non-binary' gender.

Employment sector

Overall, 1,964 participants reported the sector they worked in. Participants from not-for-profit residential aged care made up almost half of all participants (n = 865/ 44%). This was followed by for-profit residential aged care (n = 613/ 31%), and public/Government-owned residential aged care (n = 227/11%). Staff providing in-home care accounted for n = 106/ 5% of participants. Around 9% (n = 153) of participants worked in public or private hospitals, multipurpose facilities, other sectors (including agency employees), or were unsure. Only 801 participants provided the name of their employer.

Job classification

Participants were employed across several different **job classifications**. Of the 1,969 participants who responded to this question, the largest group were Assistants in Nursing/ Personal Care Workers (AIN/ PCW) – (n = 918, 47%). This was followed by registered nurses (n = 509/ 26%) and enrolled nurses (n = 362/ 18%). Just over 9% (n = 180) were employed in another classification e.g. management, diversional therapy, lifestyle coordination, cooking, cleaning (n = 175), were retired (n = 3), or a nurse practitioner (n = 2).

Table 1 shows where participants worked in relation to the sector and job classifications. Assistants in nursing/PCWs and RNs working in private (not-for-profit) and private (for-profit) were the largest groups, with the largest number of RNs, ENs, and AIN/PCWs working in the private (not-for-profit) sector.



Table 1: Job classification of participants by sector

	AIN/PCW	EN	RN	NP	Ret	Other	Total
RACF-Public	86	73	50	0	1	17	227
RACF-Private (for profit)	305	91	159	0	1	55	611
RACF-Private (not for profit)	400	161	230	1	0	72	864
In-home care	68	6	16	1	0	15	106
Public or private hospital	5	10	14	0	0	1	30
Multipurpose health facility	4	7	16	0	0	0	27
Not sure	28	4	7	0	0	1	40
Other	18	9	13	0	1	13	54
Total	914	361	505	2	3	174	1,959

Participants were employed under several different **arrangements**. Of the 1,970 participants who answered this question, part-time employees made up 65% (n = 1,278), followed by full-time employees (n = 414 /21%), and casual employees (n = 215/ 11%). Around 1.5% (n = 29) were agency workers, and 1.5% (n = 34) worked under another arrangement (e.g. permanent part-time and casual agency).

COVID-19 specific questions

Management of COVID-19 outbreaks

Participants were asked: “Have there been any residents/clients diagnosed with COVID-19 at your workplace?”

Only 24 participants reported that there had been a COVID-19 outbreak in their workplace. Most outbreaks were reported by participants in NSW (n=13) in for-profit facilities (n = 6) and not-for-profit facilities (n=5).

Facilities where outbreaks were reported and participants provided the name of their employer included; Anglicare (n = 3) and Moran Engadine Aged Care (n = 2), with participants noting one outbreak respectively for Regis, Estia, Redwood Life Bleheim, Bundaberg Hospital, Western Health, Opal Bankstown, and an unnamed case management company.

Of these 24 who responded that an outbreak had occurred, **58% (n = 14) reported that their employer’s response was adequate to manage the outbreak. An equal number (n = 5/ 21%) were unsure or did not think that their employer’s response was adequate.**

	RACF (not-for-profit)	RACF (for-profit)	In-home	RACF (Public/ Govt.)	Multi-purpose service	Public/ private hospital	Other (residential and community)	Total
NSW	5	6	1					13
VIC		4	1	1				6
QLD					1	1		2
SA							1	1
WA			1					1



Preparedness for an outbreak of COVID-19 in the workplace

Participants were asked: “Do you feel prepared for a potential outbreak of COVID-19 in your workplace?”

Most state and territory participants appeared to respond in a way that was similar to the national response profile where most participants, down to as little as around a quarter (WA) felt their employer was prepared for a COVID-19 outbreak.

Participants in the ACT (64%) and NT (83%) differed significantly from the national total in terms of the percentage of participants who felt their workplace was prepared for a potential outbreak. Western Australian participants (27%) were felt least prepared, with almost 60% responding that they did not feel prepared. Tasmanian (11%) and NT (8%) participants were the most likely to say they were unsure of their preparedness at work.

	Australia (Total)	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Yes	38%	64%	42%	83%	38%	35%	46%	35%	27%
No	42%	18%	41%	8%	43%	45%	43%	43%	56%
Not sure	20%	18%	17%	8%	19%	20%	11%	22%	17%

Participants in multi-purpose service facilities were the only sector to demonstrate that slightly over half of respondents felt their workplace was prepared for a COVID-19 outbreak. In all other sectors, less than half of all respondents felt their employer was prepared.

In terms of reports of preparedness by employment sector, **participants who worked in the multi-purpose services facility (54%) and home care sectors (49%) felt the most prepared. Participants in private for-profit (45%) and not-for-profit (44%) felt the least prepared. Participants across public and private hospitals, and those from other sectors or who were unsure of their sector were most likely to be unsure of how prepared their employer was.**

	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	41%	35%	39%	49%	44%	54%	36%	35%
No	41%	45%	44%	39%	28%	27%	36%	38%
Not sure	19%	20%	17%	12%	28%	19%	29%	28%



In terms of employment classification, as little as 35% and no more than 40% felt their workplace was prepared for an outbreak of COVID-19.

RNs tended to respond that their employers were better prepared (40%), while only 35% of AINs/PCWs report their employer was not prepared (46%).

	Assistant in Nursing, Personal Care Worker (AIN/PCW)	Enrolled Nurse (EN)	Registered Nurse (RN)
Yes	35%	37%	40%
No	46%	43%	42%
Not sure	19%	20%	18%

Planning for a potential COVID-19 outbreak

Participants were asked: “Has your employer provided you with a reviewed or updated plan regarding COVID-19?”

By sector, participants in multi-purpose services, public or private hospitals, and in-home care were most likely to report reviewed or updated plan regarding COVID-19. Participants who weren’t sure of their sector, public/government RACFs and for-profit RACFs were the most likely to report that no updated or reviewed plan had been provided by their employer.

	Yes	No	Not sure
RACF-Public	71%	21%	8%
RACF-Private (for profit)	71%	21%	8%
RACF-Private (not for profit)	73%	19%	8%
In-home care	82%	15%	3%
Public or private hospital	89%	11%	0%
Multipurpose health facility	92%	8%	0%
Not sure	62%	24%	14%
Other	78%	15%	8%
Total	73%	19%	8%



Workplace supply of personal protective equipment (PPE)

Participants were asked: “Does your workplace have adequate supplies of appropriate personal protective equipment (PPE)?”

Less than 30% of all respondents Australia-wide reported that their workplace had adequate supplies of appropriate PPE with only a quarter of participants in SA and QLD reporting sufficient supply.

Participants in the NT (73%) were the only group over 50% to report adequate PPE supplies followed by the ACT which was still only 45%. Western Australian participants (61%) were the most likely to report that their employer did not have sufficient supplies of PPE followed by SA (52%) and QLD (50%).

	Australia (Total)	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Yes	29%	45%	33%	73%	25%	25%	31%	28%	25%
No	46%	27%	42%	18%	50%	52%	40%	45%	61%
Not sure	25%	27%	25%	9%	25%	23%	29%	27%	14%

By sector, participants working the in-home sector (51%) and for-profit RACFs (48%) were the most likely to report insufficient supply of PPE at their employer. Multi-purpose facilities (62%) and public/private hospitals (50%) had the most participants reporting adequate PPE.

	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	31%	26%	29%	37%	50%	62%	24%	23%
No	44%	48%	46%	51%	28%	23%	41%	45%
Not sure	25%	26%	25%	12%	22%	15%	34%	33%



Employer information on PPE use

Participants were asked: “Has your employer provided staff with recent information or training for correct use of PPE?”

Close to 100% of participants who worked in a multipurpose service (96%) or public/private hospital (94%) reported that their employer had provided staff with recent information or training for correct use of PPE. Staff working in the home-care sector (30%), not-for-profit RACFs (24%) or who were unsure of their sector (24%) were most likely to report not receiving recent information or training for PPE use.

	RACF (Public/Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	77%	77%	73%	69%	94%	96%	66%	80%
No	18%	19%	24%	30%	6%	4%	24%	18%
Not sure	5%	4%	4%	1%	0%	0%	10%	3%

Employer update/implementation of staff infection control procedures

Participants were asked: “Has your employer recently updated or implemented infection control procedures for staff?”

Close to 90% of participants who worked in a multipurpose service (88%) or public/private hospital (89%) reported that their employer had recently updated or implemented infection control procedures for staff. Staff working in the home-care sector (18%) and public/Government-owned RACFs (17%) were most likely to report that their employer had not recently updated or implemented infection control procedures for staff.

	RACF (Public/Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	75%	81%	80%	74%	89%	88%	75%	83%
No	17%	12%	13%	18%	11%	4%	11%	8%
Not sure	8%	8%	7%	8%	0%	8%	14%	10%



Participants were asked: “Has your workplace made any arrangements for you to access additional or special leave if you are required to undertake 14 days of isolation at any stage due to potential exposure to COVID-19?”

Participants that worked within a public/private hospital (72%) were the only group where over half reported that their workplace had made arrangements for access to additional or special leave in the case of 14 days of isolation due to potential exposure to COVID-19. Participants from for-profit and not-for-profit RACFS (both 45%) were the most likely to report that their employer had not offered these arrangements where only around a quarter (24% in for-profit and 27% in not-for-profit) reported that these arrangements were available to them.

	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	36%	24%	27%	42%	72%	44%	28%	23%
No	31%	45%	45%	31%	17%	24%	38%	35%
Not sure	32%	30%	28%	27%	11%	32%	34%	43%

By employment classification, only 100% nurse practitioners reported that access to special leave for quarantine due to COVID-19 was made available to them by their employer. Assistants in nursing/ PCWs (46%) were the largest group to report that special leave would not be available to them, followed by ENs (39%) and RNs (38%). Around 30% of AIN/PCWs, ENs, and RNs did not know if special leave would be available to them.

	Assistant in Nursing, Personal Care Worker (AIN/PCW)	Enrolled Nurse (EN)	Registered Nurse (RN)	Nurse Practitioner (NP)	Other
Yes	25%	29%	32%	100%	42%
No	46%	39%	38%	0%	35%
Not sure	29%	31%	30%	0%	23%



Employer update/implementation of visitor infection control procedures

Participants were asked: “Has your employer recently updated or implemented infection control procedures for visitors to the facility?”

By sector, over 85% of participants in RACFs, multipurpose services (92%), and public/private hospitals (94%) reported that their employer had recently updated or implemented infection control procedures for visitors to the facility.

	RACF (Public/Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	89%	88%	86%	69%	94%	92%	72%	69%
No	4%	6%	7%	16%	6%	0%	3%	10%
Not sure	8%	7%	7%	15%	0%	8%	24%	21%

Participants were asked: “How is your workplace managing visitor restrictions and family contact for residents during COVID-19?”

Employee provision of aged care quality standards infection control education

Participants were asked: “Has your facility, within the last 12 months, undertaken or provided infection control (Standard 3, 4 and 8) education as part of meeting the Aged Care Quality Standards?”

By sector, over 72% of participants in RACFs, multipurpose services (73%) reported that their employer had recently updated or implemented infection control procedures for visitors to the facility.

	RACF (Public/Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	72%	72%	72%	57%	67%	73%	59%	56%
No	7%	9%	9%	16%	11%	8%	14%	10%
Not sure	21%	19%	19%	28%	22%	19%	28%	33%



Staffing

Registered nurse rostering

Participants were asked: “Is there a registered nurse rostered on all shifts, including weekends, at your workplace?”

By sector, participants working in public or private hospitals (100%), for-profit (90%), and not-for-profit (85%) reported that an RN was rostered on every shift. Lack of an RN rostered on every shift was most commonly reported in multipurpose services (31%), in-home care (27%), where participants were not sure of their sector (20%), and in Government RACFs (17%).

	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	81%	90%	85%	40%	81%	66%	63%	100%
No	17%	8%	13%	27%	15%	31%	20%	0%
Not sure	2%	2%	2%	32%	4%	3%	18%	0%

Staffing increases and sufficiency

Cuts to staffing

Participants were asked: “Has your workplace made any cuts to staff or hours since the COVID-19 outbreak started at the beginning of March?”

Overall, 19% of participants reported staff cuts, with 22% of AIN/PCWs reporting cuts since the beginning of March.

	Total	Assistant in Nursing, Personal Care Worker (AIN/PCW)	Enrolled Nurse (EN)	Registered Nurse (RN)	Nurse Practitioner (NP)	Other
Yes	19%	22%	20%	15%	15%	0%
No	63%	57%	64%	69%	76%	0%
Not sure	18%	21%	16%	16%	9%	100%



By sector, the greatest numbers of participants reporting cuts worked in public/private hospitals (56%) followed by in-home care (43%). Fewer participants from RACFs tended to report cuts occurring, however of RACFs the biggest group reporting staff cuts worked in for-profit RACFs (19%).

	RACF (Public/Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	13%	19%	17%	43%	56%	23%	26%	23%
No	70%	63%	67%	38%	44%	62%	41%	38%
Not sure	17%	18%	16%	19%	0%	15%	33%	38%

Care staff

Participants were asked: “Has your employer increased nursing and care staff at your workplace in preparation for dealing with COVID-19?”

While half of all public/private hospital participants reported increased nursing and care staffing to deal with COVID-19, around three quarters to 80% (for-profit RACFs) of RACF staff reported no increase in staffing.

	Total	RACF (Public/Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	16%	19%	12%	17%	19%	50%	20%	24%	16%
No	75%	73%	80%	77%	52%	39%	68%	69%	58%
Not sure	8%	9%	7%	6%	28%	11%	12%	7%	26%

Of the participants who indicated that nursing and care staffing was increased (and provided an indication of sufficiency (n = 242), 55% (n = 134) participants reported that the increase in staffing was sufficient to meet the needs of all residents/clients during the COVID-19 outbreak.

Only 55% of staff who indicated that staff increased has occurred in response to COVID-19 reported that the increase would be sufficient to meet the needs of all residents/clients.

		Yes	No	Not sure
Staff increase	Yes	55%	21%	23%



Participants were asked: “If your employer offered you more shifts or increased hours during the COVID-19 outbreak, would you accept them?”

Around half of all respondents reported that they would accept more shifts or increased hours if offered by employers during the COVID-19 outbreak.

	Total	Assistant in Nursing, Personal Care Worker (AIN/PCW)	Enrolled Nurse (EN)	Registered Nurse (RN)	Nurse Practitioner (NP)	Other
Yes	53%	55%	55%	49%	100%	55%
No	29%	29%	26%	31%	0%	29%
Not sure	17%	16%	19%	19%	0%	15%

Kitchen, cleaning, and other staff

Participants were asked: “Has your employer increased kitchen, cleaning and other staff at your workplace in preparation for dealing with COVID-19?”

Around a quarter to 30% (Public-govt. RACFs) of participants reported that kitchen, cleaning and other staff had been boosted to deal with COVID-19. The remaining numbers either did not know or reported that this had not occurred (from 28% - public or private hospital, to 63% - for profit RACFs).

	Total	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	24%	30%	23%	24%	26%	28%	20%	24%	23%
No	58%	53%	63%	60%	40%	28%	52%	41%	36%
Not sure	18%	17%	15%	15%	34%	44%	28%	34%	41%

Funding to aged care

Participants were asked: “Has your workplace/employer discussed the aged care worker retention bonus, due to be paid in June and September, with you?”

There was little difference between participants in terms of whether their workplace/employer had discussed the aged care worker retention bonus with them with a total of 81% of participants reporting that this had not been discussed.

	Total	Assistant in Nursing, Personal Care Worker (AIN/PCW)	Enrolled Nurse (EN)	Registered Nurse (RN)	Nurse Practitioner (NP)	Other
Yes	14%	13%	13%	15%	23%	0%
No	81%	83%	83%	79%	72%	100%
Not sure	5%	4%	5%	6%	5%	0%



Participants who worked in public/government run RACFs (86%) were the most likely to report that the aged care worker retention bonus had not been discussed with them by their employer. The retention bonus was reported to have been discussed with 17% of not-for-profit participants and 15% of the for-profit participants.

	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	8%	15%	17%	10%	6%	12%	21%	8%
No	86%	81%	79%	83%	71%	73%	76%	84%
Not sure	6%	4%	4%	7%	24%	15%	3%	8%

Participants were asked: “Has your workplace/employer discussed how they are spending funding received from the Government to increase staffing skills with you?”

Very few participants reported that their workplace/employer had discussed how they are spending funding received from the Government to increase staffing skills with them. Registered nurses (6%) and other classifications which included managers and other staff (7%) were the largest groups reporting that these discussions had taken place.

	Total	Assistant in Nursing, Personal Care Worker (AIN/PCW)	Enrolled Nurse (EN)	Registered Nurse (RN)	Nurse Practitioner (NP)	Other
Yes	3%	2%	3%	6%	7%	0%
No	92%	94%	93%	90%	89%	0%
Not sure	4%	4%	4%	5%	4%	100%

Very few participants by sector reported that their workplace/employer had discussed how they are spending funding received from the Government to increase staffing skills with them. Only greater than 10% of participant groups - employees of multipurpose services (12%) reported that spending had been discussed with them, however 15% of multipurpose service worker participants were not sure.

	RACF (Public/ Govt.)	RACF (for-profit)	RACF (not-for-profit)	In-home care	Public or private hospital	Multipurpose health facility	Not sure	Other
Yes	3%	3%	4%	6%	6%	12%	7%	3%
No	91%	94%	93%	89%	78%	73%	93%	87%
Not sure	6%	3%	4%	6%	17%	15%	0%	10%