Broadening the agenda:
A gender analysis of how employers in the Western Australian aged care sector are responding to shortages of direct care workers

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Abstract
In light of growing demand for aged care due to ageing populations across the developed world and international shortages of direct care workers, understanding how employers in aged care are responding to workforce shortages is critical. However, there is little indication in the policy and planning literature as to what role aged care employers are taking in addressing the workforce challenge. This exploratory qualitative study uses Carol Bacchi’s *What's the Problem?* policy analysis method to understand how employers are representing the problem of workforce shortages and how this shapes the solutions that they are engaging with. From a feminist perspective, an analysis of how employers are responding to the shortages provides an opportunity to better understand the ways in which paid aged care work, which is feminised and low paid, is organised, valued and distributed. Preliminary findings suggest that employers are responding to shortages with a variety of approaches that simultaneously seek to enhance the value of aged care work while restructuring the labour process to eliminate jobs and reduce labour costs.
BACKGROUND TO THE ISSUE

I want to start addressing the question of how aged care employers are responding to shortages of care workers with another question, Why should we care, and why should we care now?

Ageing population and workforce shortages

According to the Australian Bureau of Statistics (2006b), population ageing is the most dramatic change projected to occur in Australia's population over the next 50 to 100 years. Due to a combination of sustained low fertility rates and declining mortality rates, our population age distribution is changing so that younger people represent a smaller proportion of the population and there are larger populations at older ages (About the House 2002; Hogan 2004; National Centre for Social and Economic Modelling 2004; Access Economics 2006; Australian Bureau of Statistics 2006a; Australian Bureau of Statistics 2006b). Recent government figures project that by 2051 the proportion of the population aged under 15 years will have decreased from 20 per cent in 2004 to between 13 and 16 per cent while the proportion of the population aged over 50 years will increase from 30 per cent to almost 50 per cent (Australian Bureau of Statistics 2006b p. 41). By 2050 the largest aged group will be people aged over 80 years.

Ageing population is a trend repeated across the developed world (Australian Bureau of Statistics 2006a). Another international trend is a shortage of direct care workers (Senate Community Affairs Reference Committee 2002; Duffield & O'Brien-Pallas 2003; NSW Nurses' Association 2007), that is, the nursing staff, personal care workers and domestic workers involved in a range of caring activities including medication management, personal care such as clothing and showering and domestic activities such as cooking and cleaning. Australia is currently experiencing widespread recruitment and retention problems across our health and aged care sector (AHWAC 2004a; Senate Community Affairs Reference Committee 2005).

The ageing population means that the available labour pool will continue to shrink and global competition for labour will intensify (Australian Health Ministers' Conference 2004). It also means a significant increase in demand for aged care (Hogan 2004; Senate Community Affairs Reference Committee 2005; NSW Nurses' Association 2007). Aged care is a labour-intensive industry and we will need the workforce capacity to meet this demand. As it currently stands we do not have a sufficient health workforce to meet the needs of our ageing population (Senate Community Affairs Reference Committee 2005). Further, these demographic changes combine with technological developments to mean that we not only require a larger workforce but also a changing skill mix (Australian Health Ministers' Conference 2004). Careful workforce planning within the aged care sector is therefore critical.

Workforce planning

This is not new information. Over the past ten or so years in Australia there has been an explosion in workforce planning literature in health and aged care. In the five years to 2005 a number of major research reports, enquiries, discussion papers and reviews were produced to guide workforce planning in the health and aged care sectors (Bishop 2000; Commonwealth of Australia 2001; Department of Education Science and Training 2001; National Aged Care Forum 2001; National Review of Nursing Education 2001; Shah & Burke 2001; Heath 2002; Karmel & Li 2002; Preston 2002; Senate Community Affairs Reference Committee 2002; The Australian Centre for Evidence Based Residential Aged Care, Department of Health and Ageing & La Trobe University 2002; ACIL Tasman 2003; Aged Care Enrolled Nurse Working Party 2003; AHWAC 2004b; AHWAC 2004a; Hogan 2004; Richardson & Martin 2004; Aged Care Workforce Committee 2005; Martin 2005; Senate Community Affairs Reference Committee 2005).

The message is consistent:
1. Workforce shortages exist in the healthcare system and the aged care sector in particular.
2. The shortages in the healthcare system will worsen unless action is taken to address them.
3. Such action is especially critical in the aged care sector, where shortages are being experienced more acutely and demand is expected to increase significantly.

In its 2004 review of nursing workforce planning, the Australian Health Workforce Advisory Committee (2004b) recommended that there is no need to commission any further national workforce planning projects. Existing research clearly establishes the need for workforce planning and provides detailed information on the
factors influencing supply and demand. Broad guidelines for tackling workforce shortages and recommendations as to what forms strategic intervention to balance supply and demand might take are available.

Policy frameworks at national and state levels, incorporating and building on some of these recommendations, have grown out of this wide-ranging research. Key policy documents include the National Health Workforce Strategic Framework (Australian Health Ministers' Conference 2004), the National Strategy for an Ageing Australia (Commonwealth of Australia 2001), the National Aged Care Workforce Strategy (Aged Care Workforce Committee 2005) and, in Western Australia (WA), the State Aged Care Plan for Western Australia 2003 – 2008 (WA Aged Care Advisory Council 2003). These documents envision an aged care workforce that is sufficient in size, that is valued and supported and that is responsive and appropriately skilled.

Employers have a critical role in taking action on workforce shortages. They are expected to contribute to the achievement of the workforce vision contained in the policy documents by developing supportive workplaces that offer employees flexibility, career pathways, ongoing education and training and appropriate pay. Within the policy framework it is the role of aged care providers to develop attraction strategies that promote the aged care sector as an ‘employer of choice’ (Australian Health Ministers' Conference 2004). Employers also hold an extensive and intimate knowledge of labour supply issues that is integral to the planning process (AHWAC 2004b). Further, employers ‘have a direct interest in workforce planning, as they, second only to consumers, are most immediately affected by its results’ (AHWAC 2004b, p. 39).

However, the literature does not tell us how employers in aged care are responding to the workforce challenge on the ground. Despite employers being key stakeholders in workforce planning there are virtually no clues available in the literature as to the role actually being taken by employers and the strategies they are utilising in addressing and dealing with current and future workforce shortages. Given that it is the employers who are required to manage workforce issues and coordinate the provision of care ‘at the coalface’, understanding how they are responding to the workforce challenge is critical information for ensuring that Australia is addressing the workforce needs of our aged care system appropriately.

**METHOD**

This exploratory research initiates this process of documenting aged care employer responses to workforce shortages using the WA residential and community aged care sector as a case study. Approximately ten semi-structured, in-depth interviews are being carried out with key personnel, predominantly chief executive officers and human resource managers, from private (profit and non-profit) aged care providers recruited using referral networks. At this stage eight of the employer interviews have been conducted. The interview questions are described in the section below. An additional six interviews were conducted with major sector stakeholders to provide a ‘big picture’ perspective of how employers are responding to the shortages. This sample has been drawn from the largest WA aged care union, two of the major peak employer bodies in the WA aged care sector, a large employer from the retirement village sector, and the two key policy units involved with aged care in the WA Department of Health. The ‘big picture’ interviews were conducted first to inform and refine the interview guide for the employer interviews and consisted of questions around what employers are doing and what employers should be doing to address the shortages.

**What is the Problem Represented to Be?**

To unpack employer responses to workforce shortages in aged care I propose to use a policy analysis framework developed by Carol Bacchi (1999) and entitled, ‘What is the Problem Represented to Be?’ The basic premise of the What's the Problem? framework is that ‘how we perceive or think about something [a problem] will affect what we think ought to be done about it’ (Bacchi 1999, p. 1). The critical outcome of this is that the construction of a problem establishes what solutions are ‘talked about as possible or desirable, or as impossible or undesirable’ (Bacchi 1999, p. 3) or not talked about at all, so that the solutions we generate to a problem are limited by the way in which we ‘diagnose’ or represent the problem.

The employer interview questions have been formulated to cover key aspects of problem representation identified in the What's the Problem? framework, namely:

1.  What is of concern (priorities)?
2. What is the cause of the problem?
3. What solutions are proposed?

Additional questions probe issues of responsibility for addressing workforce shortages and points of collaboration and contestation between employers, government and unions, as well as the composition of the workforce and the value of aged care work.

*What's the Problem?* is essentially an applied form of discourse analysis with a focus on interpretations and representations (Bacchi 1999, p.2). Bacchi defines discourse as the ‘language, concepts and categories employed to frame an issue’ (Bacchi 1999, p.2). In developing the *What's the Problem?* framework Bacchi draws on critical discourse analysis, which seeks to make visible the relationship between discourse, ideology and power (Locke 2004 p. 1). So, an analysis of the language, concepts and categories employed to frame the issue of workforce shortages in aged care will reveal the ideas, values and assumptions underpinning that problem representation and the ways in which the representation promotes particular political interests.

Bacchi is careful to emphasise that problem representation is not simply a question of language and ideas confined to the level of discourse: ‘Crucially, we… need to realize that interpretations are *interventions* since they have programmatic outcomes; that is, the interpretation offered will line up with particular policy recommendations’ (Bacchi 1999, pp. 1-2; my emphasis). However, the purpose of a *What's the Problem?* analysis is not to make policy recommendations but to critically analyse and evaluate existing policy, because ‘By clarifying that which we oppose, we set the groundwork for creating a vision of that for which we long’ (Westkott 1983 as cited in Bacchi 1999). Bacchi (1999, p. 10) is careful to emphasise that it is not enough simply to identify the different representations of a problem and the responses they produce; ‘it is absolutely necessary to *evaluate* them’.

There are three grounds upon which this evaluation can occur:
1. How does the problem representation limit what can and cannot be talked about?
2. How are subjects and subjectivities constituted within the discourse?
3. What are the lived effects?

### Aged care work is women’s work, aged care work is undervalued

The basis of evaluation depends on the values, assumptions and political motivations of the evaluator (Bacchi 1999). The purpose of this section is to identify the evaluating frame I will adopt for this study. Bacchi emphasises the importance of lived effects. I want to start with these ‘lived effects’, or material conditions, and in doing so I return to my original question of why we should care about workforce planning in aged care by stating my personal interest in the issue.

There are two objective realities of paid aged care work that are of particular interest to me. First, aged care work is women’s work, with women making up more than 90 percent of the direct care workforce. Second, aged care work is low paid, especially compared with other areas of the health sector. Addressing the gender imbalance and low pay in aged care work is critical to meeting the aged care workforce requirements of our ageing population in an equitable and sustainable way. In terms of the labour shortages, we are currently only recruiting from half of the available labour pool – women. Further, from a social justice perspective, while care work remains women’s work women will carry the more than their fair share of the burdens associated with care work and men will experience less of the joys. This is particularly the case while aged care remains a low paid industry. The pay also makes it more difficult to recruit into the sector. Therefore, I am interested in the effects of how employers are representing and responding to the problem of workforce shortages in terms of the effects on the gendering and devaluing of aged care work.

You may recall that the title of my research describes my research project as ‘A *gender* analysis of employer responses’, and you may find it strange that until this point the issue of workforce planning in aged care has been discussed with little or no mention of gender. This is reflective of the level of attention paid to gender in the existing policy and planning literature. Given the highly feminised nature of the aged care workforce, I argue that to treat workforce issues in aged care in a gender-neutral way is a nonsense. Instead, I propose that workforce issues in aged care are not – cannot – be gender-neutral and that in fact the workforce planning processes are profoundly gendered. The way in which aged care employers respond to workforce shortages is
shaped by, and reinforces, our broader gender system. Further, I argue that care work is devalued, and that the way in which it is devalued is linked to the way in which it is gendered.

What do I mean by ‘gendered’? Our social expectations of women are different from our expectations of men. Historically, Western societies have been marked by a sexual division of labour in which women are meant to be carers (for home, husbands, children and relatives) and men are meant to be breadwinners. Women’s key role in life is to fulfil the social function of care. The numbers of women employed in aged care compared to the numbers of men indicates the contemporary application of these traditional gender roles. Aged care work is therefore gendered in terms of the numbers of women and men employed and where they are situated (with men holding less of the direct care jobs). Yet ‘to say that care work is ‘gendered’ means more than the physical numbers of women and men performing care work. Gender is a social construct, an ‘organising principle that underlies organisational existence and an axis of power that shapes social structure, identities and knowledge’ (Kolb and Meyerson 1999).

Joan Acker provides a useful definition of ‘gendering’: ‘To talk about how processes are “gendered” is to talk about how gender enters as a constitutive element in actions and ideas. The term “gendered” indicates that relations are mediated by gender-based beliefs and images along with gender-based asymmetries in power and rewards. In contrast to formulations of gender as analytically outside other systems and impinging on those systems only at certain points this usage directs the analysis to gender as an integral part of all social existence’ (Acker 1988, p. 477). In summary, gender-based beliefs and images are a pervasive and critical element of how our society is organised, with power and rewards unevenly distributed between men and women in favour of men. This uneven distribution of reward contributes to the devaluing of women’s work, including care work.

In her theory of gendered organisations, Acker proposes that the structure, culture and practices of organisations ‘confirms and recreate’ (Acker 1998, p. 195) the broader gender patterns that underpin our social and economic structures. She argues that patterns such as sex segregation, including the overrepresentation of women in caring industries, and the gender wage gap, whereby women’s work is devalued, are inequalities created through practices and processes that occur in work organisations. This research builds on Acker’s theory in considering the gendering (and associated devaluing) of aged care work through the prism of the organisation and the employment relationship.

An opportunity

A tight labour market in the context of an increasingly competitive global market has placed a spotlight on increasing women’s participation in the labour market and on the availability of public care to facilitate that (see for example Access Economics 2006; ABC Television 2007). The ageing population and growing demand for aged care has further focused public attention on aged care (see for example About the House 2002; Beadnell 2006). These contextual factors combine to put aged care on the public agenda. Worsening shortages in aged care ensure a focus on the care work itself rather than broader non-workforce issues around the provision of aged care. The current context thus provides a strategic opportunity for reviewing the way aged care work is organised, valued and distributed.

Recent reform of the Australian industrial relations landscape has sought to recast the employment relationship from one in which broader social institutions have a stake into a private relationship managed at the level of the workplace (Journal of Industrial Relations 2007). Employment relations are therefore constructed as a ‘private’ issue rather than a public concern. Contrary to common understandings of the public/private dichotomy that link paid work to the public sphere, the shift of care work from home to market in the current industrial relations environment effectively represents a shift from one private sphere (the home/family) to another (‘private enterprise’).

Coming to grips with the way in which care work is constructed in the employment relationship and the power relations that underpin it is particularly important in the context of an industrial landscape that is increasingly demarcating the employment relationship and the workplace as a non-political space closed off from public supervision. However, although residential and community aged care in Australia is now almost exclusively provided in the private sector, it remains publicly funded. These funding arrangements, combined with the contextual factors that focus our attention on aged care work, provide an ‘in’ into the world of the aged care...
workplace but more importantly provide an opportunity to strategically align the interests of employers to the feminist agenda of characterising aged care and aged care work as a valuable, public concern.

RESEARCH AIMS

The research explores how employers are responding to workforce shortages. It aims to contribute existing workforce policy and planning literature in Australian aged care by documenting how employers are dealing with workforce shortages and what role they are taking in the broader planning process. The central research question is: How are employers representing the problem of workforce shortages and how does that shape what kinds of solutions they are engaging with? In answering this question I am applying Bacchi’s *What's the Problem?* framework for public policy analysis and extending it by applying it to the organisational level where public policy is played out.

I am particularly interested in is what employer responses to workforce shortages reveal about how paid aged care work is organised, valued and distributed. The study considers what the implications of how employers construct the problem of workforce shortages might be for the valuing and gendering of the work and whether they shortages might provide a strategic opportunity for reconceptualising care work.

The research therefore has a practical, methodological and theoretical orientation as can be summarised in the following objectives:
1. Contribute to the workforce policy and planning literature in Australian aged care.
2. Extend the *What's the Problem?* policy analysis framework.
3. Build on our understandings of how aged care work is gendered and devalued.

FINDINGS SO FAR

The majority of my data collection has been completed and I am about to commence the data analysis phase. This section provides an outline of some of the key themes that have emerged through the interview process.

The problem – a shortage of workers ‘willing and able’

The problem of workforce shortages is perceived as both a shortage of workers willing to do aged care work and a shortage of workers available to do the work. I have termed these two scenarios:
1. A problem of value: A lack of reward and recognition for aged care work in the form of low pay and low status impact on job satisfaction and make aged care work unattractive.
2. A problem of bodies: Insufficient population size attributed to falling birth rates and people relocating to regional areas because of the WA resources boom means a sheer lack of available workforce.

A problem of value

The problem of value is essentially a problem of supply and strategies addressing this problem are therefore focused around improving labour supply by making aged care work more attractive. Employers seek to achieve this in three main ways: attraction and retention strategies aimed at improving the work itself; professionalisation to enhance the perceived value of aged care work and promotion strategies designed to market aged care as a stimulating and enjoyable career.

Recruitment and retention strategies include increased autonomy, more flexible hours and leave arrangements to enable workers to manage their work/life balance, salary sacrifice, supportive work environments, reduced paperwork to create more time for hands on caring and extended career paths. Extending career paths is also part of the professionalisation process. The purpose of professionalisation strategies is to force a recognition that aged care work is skilled work and is therefore valuable. Employers are seeking to do this by utilising the education and training system to legitimise the skills involved in aged care. Strategies include investing in education and training for their workforce, increasing minimum training requirements across the sector and promoting gerontics as a recognised, legitimate discipline. Similarly, employers are collaborating with the education and training sector to engage in promotion strategies that challenge existing stereotypes of care work.
as the maintenance of bodily functions and instead market aged care work as varied, stimulating, rewarding and enjoyable.

**A problem of bodies**

The problem of bodies is more complex. In one sense it is a problem of demand, and strategies are around utilising labour replacement technologies or restructuring the labour process so that fewer bodies are required to do the same work. In another sense it is also a problem of supply, with migrant labour used to increase the number of available bodies.

Strategies to reduce the number of workers required to do the work have two dimensions. The first is restructuring the labour process to be more efficient. This is occurring via the use of teams, multiskilling and labour-replacement technologies such as monitoring technologies. The second aspect of reducing the demand for labour is in managing public expectations of the level of care they will receive, for example, that there will not be a Registered Nurse on-site 24 hours per day, seven days per week, and in encouraging the various groups of workers to think differently about their roles and embrace new versus traditional ways of organising care. For instance, some employers have claimed that they cannot offer staff more flexible hours because the work needs to be organised around the peak morning and evening times when the residents need to be showered and fed. Other employers disagree and cite this as an example of the kind of thinking that needs to change.

**Embodied work**

I chose the term ‘a problem of bodies’ not only to refer to the sheer lack of bodies available to do the work due to a shrinking workforce but also to refer to the embodied nature of the work. Employers point to the difficulties in reducing the demand for labour in such a labour-intensive industry as aged care. Some employers are investing in technology as a replacement for labour, but others emphasise the physical, hands-on nature of aged care work and the need for human bodies:

‘I’ve got some of my colleagues on the east coast talking about robots coming in and doing the vacuuming and cleaning. I’m thinking I wish it was that easy… There is a role for a lot of technology… [but] what we really need is a mix of high tech and high touch. I mean these are still people we are talking about’ (Kevin, Chief Executive Officer of a large church-based non-profit, my emphasis)

Demand can only be reduced so far because essentially aged care work requires bodies to do the work. This leads to strategies designed to constrain labour costs in the face of a tight labour market. The main way in which reduced labour costs are being achieved is through a deconstruction of the skill hierarchy and reorganisation of tasks and responsibilities. The new structure that employers are proposing operates with fewer registered nurses, with nursing staff replaced by personal carers. Nurses are increasingly expected to operate as a consultant with an emphasis on clinical assessment and on supervision and leadership of less skilled care staff. The scope of the personal carer role is increasing (a number of organisations have renamed personal carers ‘multiskilled carers’). However, the increased responsibilities and task load are not always reflected in the wages structure. Some employers and the unions have expressed concern that this may lead to a deskilling of nursing staff and exploitation of personal carers and may force enrolled nurses out of the sector.

**The aged care workforce of the future? Migrants, robots, desperates… but still women!**

I have asked all of the employers who they think will provide aged care when the current workforce, on average aged over 45 years, reach old age and need care themselves. The majority believe that migrant workers will perform the bulk of aged care work and although there exists some confusion over existing legislative arrangements around immigration some are already using migrant labour and are lobbying government for more supportive or flexible immigration policy. Some employers are emphasising the role of technology and are investing heavily in labour replacement technologies. Many employers are concerned that aged care work will be performed by ‘desperates’ who are unable to get a better job or who are desperate for money (some say students). However, others have claimed that this is a ‘fail strategy’, suggesting instead that aged care will professionalise or that families and community will take more responsibility for aged care and the informal sector will grow. All employers agree that aged care work will always be women’s work.
Aged care work is women’s work

Employer responses to workforce shortages are underpinned by two assumptions:

1. Aged care is women’s work.
2. Aged care is low paid.

These assumptions are related, because the gendering of the work is part of how the work is devalued.

The gendering of aged care work is explained in two main ways. First, the embodied nature of the work, whereby clients expect and want to be cared for by a woman because of the nakedness and assistance with bodily functions involved, is also used to explain the gendering of aged care work:

‘The majority of residents in our villages or in aged care facilities are women and the modesty type thing has come up right [sic]. So you might have an elderly lady who might have had a shower and slipped and fallen over and her legs are here and her clothes are there. She really doesn’t want a man coming in and seeing her in not a becoming fashion or she’s has to put lippy on or she’s been sick for a little while [and] she would rather have a woman see her than a man. So generally we’re recruiting women. We are not discriminating but the service is what the women want… if they need their bum washed or assistance with showering or something like [that]… You know it’s very personal, and you just don’t want a man doing that. So for all those reasons we need to employ women’ (Dave, Managing Director of a large provider of retirement villages)

Second, employers believe that aged care work is more attractive to women. A male CEO of a large private aged care provider attributed this to women’s ‘natural’ role. However, the majority of respondents attribute the gendering of aged care work to social expectations, rather than natural tendencies, that women are nurturing and caring. One female respondent linked this to women’s social role as carers, whereby women are more attracted to the work both because of caring experiences in their own life history and because the part-time hours enable them to manage their own family caring responsibilities:

‘We find that people with personal life experience around care, through their relatives experiencing certain needs of care, seems to be the trigger for consideration for our industry as a place to work. I think the majority of our workforce is based on the types of work that we do that attracts a particular gender. And also the way we do our work, the flexibility which also attracts a particular gender, like if it’s a working mum or the part time fits the person… This idea of having a career around caring seems to have come out more from a female perspective as being attractive’ (Bev, Human Resources Manager for a large non-profit provider)

Care workers as martyrs

The gendering of aged care work is linked to the low pay because the women are expected to be self-sacrificing and to forgo higher pay in favour of the emotional rewards associated with caring. The care worker is conceptualised as someone who will accept lower financial reward because they receive another kind of reward from their love of the work. They are represented as self-sacrificing:

‘They are prepared to do the hard work that other people wouldn’t touch because the rewards they get are actually very special. The rewards they get for helping somebody… Those rewards are really precious and it’s the care workers that get them and they know the rest of the world doesn’t see it… it’s sort of like sacrifice in that sense and it’s good, it’s a good thing to do because some people in this world are slaves to money and status’ (Eleanor, Chief Executive Officer of a large non-profit provider)

‘A majority of people in this industry – the pay is rubbish – but what they’re going for is because they like to care. They’re just caring people and the money is, you know, it’s not… they are like matron types who have been there a long time and they are not there for the money’ (Dave, Managing Director of a large provider of retirement villages)

Care workers are represented as content to effectively subsidise the provision of aged care through their low wages. A few of the employers have linked this to women’s social positioning whereby they are less likely to be the primary breadwinner within their family and are therefore more able to accept lower pay:

‘If it was a predominantly male workforce I’m sure there’d be a lot more industrial agitation in terms of trying to improve their lot. But because it’s female and because predominantly they’re the… second earner in the family and it’s not the
The problem of pay – A problem of capacity?

All of the respondents that I have interviewed appear to accept the low pay associated with aged care work at some level. Most take it as a given that will not change. Most claim that employers are so constrained by lack of funding and government restrictions on pricing that they do not have the capacity to pay any more. Some of these employers focus their efforts on lobbying government for more funding, while others look for ways to reorganise the work to reduce the number of workers they require or to reduce their labour costs through increased efficiencies in how they utilise their existing workforce.

However, some employers are less accepting of the poor pay. Some employers are concerned that an emphasis on eliminating or reorganising caring work will lead to a reduced quality of care. Rather than creating efficiencies in their caring workforce, these employers seek to create efficiencies in ‘back-end’ processes (for example, via lean administration staffing) or reduce expenditure on buildings and maintenance so that more money can be invested in their caring staff. Many of the larger providers believe that paying above-award rates will provide them a competitive edge in attracting staff and a number of them engage in union collective bargaining to ensure improved pay and conditions. One such employer noted that the Australian Nursing Federation publishes a list of aged care provider ranked by pay rates on their website. One of the leading large non-profit employers, whose Chief Executive Officer is on the executive of a key industry advisory body, places a great emphasis on professionalisation strategies out of a belief that enhancing the perceived value of aged care work will lead to improved funding and pay rates.

The problem of responsibility: Whose problem is it?

Although one or two respondents have indicated that pricing regulations should be relaxed to increase income levels, there are few who advocate for aged care being completely opened up to the market. They instead argue for increased government funding. According to the union, this is because the aged care industry enjoys a unique guaranteed stream of income, but employers draw on the discourse of citizenship to argue against marketisation. They argue that as citizens we have a rightful interest in aged care and therefore government has a responsibility to regulate for quality and equitable access. Some then draw the link that if aged care is publicly funded then government also has responsibility to ensure efficiencies because as taxpayers we have a rightful interest in how our money is spent.

However, despite most of the employers agreeing in principle that government should regulate for quality and equitable access, all of the employers say that aged care is ‘too regulated’. Their position is that regulation should not interfere with their right or ability to manage their operation as they see fit and the boundary is particularly clear around the employment relationship. Employers see the role of government in workforce issues as minimal. When asked what they think the government should be doing to address workforce shortages, employers suggest that government should play a support role: improved funding, supportive immigration policy and investment in education and training and marketing aged care.

Employers do not believe that the government should play a direct role in the employment relationship and the workplace. Similarly, even those employers that negotiate collective union agreements believe that the role of the union in addressing workforce shortages should be limited to a consultative role, facilitating communication between management and the workforce. Efforts are made to exert managerial discretion, for example, despite the emphasis on training as a means to building career pathways, training requirements are not built into the wages structure as this would limit managerial discretion as to wage progression. Similarly, and despite the assertion that there is a rightful public interest in the quality of care, specified staffing levels and skills mix via government regulation or enterprise bargaining are seen as too restrictive.

Aged care is therefore simultaneously constructed as a public and private concern in revealing and at times contradictory ways. The dual notions of ‘public’ and ‘private’ are slippery concepts are used by employers in different ways to promote particular interests. They are variously utilised to impose public (government) responsibility; to position the public as a stakeholder with a ‘rightful’ interest in aged care; and to limit public
intervention and assert control over the provision of aged care. This is most evident in the shifting subject positions adopted by employers during the course of the interview. At certain points the employer shifts perspective from manager to taxpayer to dependant. For example:

‘I have no problems with providers having to meet reasonable requirements to run their business in terms of caring for people that our society says need to be cared for. We have to do it. Cleverly, smartly and I don’t think we should be getting a hand out. But when your business practice is actually limited… I think that’s equally a problem. We should be subject to… quality assessment… because we are taking yours and my taxes. Now there has got to be some accountability built into that. Particularly from the quality of care delivery perspective’ (Kevin, Chief Executive Officer of a large church-based non-profit provider)

Interviewees expressed concern about the ageing workforce in terms of their own care needs. In response to a question as to who they think will constitute the aged care workforce given that the current workforce is ageing:

‘God I don’t know. I really hope they’re here still, cause I’m gonna need them’ (Grace, Care Services Manager of a large for-profit provider)

The contradictory role of the employer

Considering the problem of pay, the problem of responsibility and how employers demarcate between what is of public or private concern in how they operate provides some insight into the at times contradictory interests and positions that employers negotiate in dealing with staffing issues. As citizens who are taxpayers and who will eventually require aged care themselves, employers are concerned with quality, equity of access and efficiency. As managers they are concerned with efficiency, flexibility and income. The twin priorities of maintaining quality of care and containing costs to ensure a surplus feed into the role employers expect other stakeholders to play in workforce planning and shape the kinds of strategies employers are engaging to deal with workforce shortages.

In the context of a tight labour market, aged care employers are trying to promote the value of aged care and the value of aged care work in order to attract customers, government funding and of course workers. At the same time they are trying to reorganise the work so that they can deal with critical shortages and still produce a surplus or profit. They occupy a contradictory role of at once trying to sell aged care and aged care work as valuable and attractive whilst restructuring the labour process to contain labour costs via reduced expectations of care and the elimination or deskilling of jobs. These contradictory responses to workforce shortages reveal a contradiction between a social consensus that aged care itself is valuable and the low status of aged care work.

The low status of the work is related to the gendering of the work. All of the employers are working from an assumption that care work is women’s work. This is variously explained as ‘natural’, as according to women’s social role or as a consequence of the embodied nature of the work. However, it is also evident that the gendering of care work is part of how the work is devalued, because of the expectation that women will accept lower wages for care work. In this way, aged care work is a site of convergence of the dual systems of patriarchy and capitalism.

THE NEXT STAGE FOR MY RESEARCH

Data analysis is the next phase for my research. I intend to analyse two sets of data utilising the What's the Problem? method. A What's the Problem? analysis is applied by asking a series of questions:

1. What is the problem (of workforce shortages in aged care) represented to be?
2. What presuppositions are implied or assumed in that representation?
3. What effects are connected to or produced by this representation? How are subjects constituted within it and who is likely to benefit from this representation?
4. What is left unproblematic in this representation?
5. How would responses differ if the problem was represented differently?

This framework will be first applied to the policy documents and the big picture interviews, which constitute the first data set, to consider how the broader framing of the problem of workforce shortages is occurring at a policy level. I will then apply the framework to the employer interviews, to see how the policy parameters translate to what is happening on the ground. In applying What's the Problem? to the level of the organisation and the method may need to be reworked or extended. Data will be coded and compared across interviews according to identified themes, categories and patterns.
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