Aged care workforce needs and the under-development of gerontology education in Australia

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Abstract

Given Australia’s ageing population, the capacity of Australian health professionals and aged care services workers to provide proactive support and appropriate care is fundamental. While much of the policy emphasis has been on increasing workforce numbers, particularly within the residential aged care sector, the development of gerontology education for all health practitioners also requires attention. This paper critically analyses the state of gerontology education in Australia through reference to key policy documents and secondary sources. It commences with an overview of the policy context and significance of gerontology education in Australia, with particular attention to the 2011 Productivity Commission review of the aged care sector. This position is then contrasted to the under-developed state of gerontology education in Australia. The disjuncture between workforce policy urgency and educational under-development is briefly considered with reference to the incapacity of neoliberal approaches to meet social needs. It is argued that the disadvantaged position of gerontology education under neoliberal higher education policies is but one aspect of the broader neoliberal assault on older people, particularly through the withering of the welfare state and public services that many rely upon. The commodification of higher education, social care and arguably, older people, helps explain the unpreparedness of
gerontology education and educators to respond to the workforce shortages now receiving belated policy attention. Overall, the paper finds that the field of gerontology education is in need of greater research, pedagogical and policy attention, particularly for existing health practitioners and in the building of aged care career pathways. It will be essential that any government workforce initiative is not just about enticing enrolments, but also invests in the development of the gerontology discipline and its teaching personnel.

Introduction

Given Australia’s ageing population, the capacity of Australian health professionals and aged care services workers to provide proactive support and appropriate care is fundamental. While much of the policy emphasis has been on increasing workforce numbers, particularly within the residential aged care sector, the development of gerontology education for all health practitioners also requires attention. This paper critically analyses the state of gerontology education in Australia through reference to key policy documents and secondary sources. It commences with an overview of the policy context and significance of gerontology education in Australia. This is then contrasted to the underdeveloped state of gerontology education in Australia. The disjuncture between workforce policy urgency and educational under-development is briefly analysed with reference to the incapacity of neoliberal approaches to meet social needs. Overall, the paper finds that the field of gerontology education is under-developed and in need of greater research, pedagogical and policy attention, particularly for existing health practitioners and in the building of aged care career pathways. It argues that the commodification of higher education, social care and arguably, older people, helps explain the unpreparedness of gerontology education and educators to respond to the workforce shortages now receiving belated policy attention.
Policy context and significance

The nature and dimensions of Australia’s ageing population are well-known. The Australian Productivity Commission (PC) reports that the number of Australians aged 85 and over is estimated to grow from 0.4 million in 2010 to 1.8 million in 2050, that is, to 5.1% of the Australian population (2011: xxii). This will mean that the number of older Australians accessing aged care services each year (80% of which will be within community based care) will rise from 1 million in 2011 to 8.5 million in 2050 (PC 2011: xviii, xxii). These trends have significant social, cultural, health, economic, and workforce implications (Family and Community Development Committee 2012; Swan 2010), which prompted the Australian Government to engage the PC in 2011 to conduct a significant review of the aged care sector.

While the PC observed in its report, Caring for Older Australians, that “the range and quality of aged care services have improved in past decades” (PC 2011: xviii), it also notes systemic failures in meeting the health, wellbeing and affordability needs of older Australians. It found that the aged care sector “…is difficult to navigate. Services are limited, as is consumer choice. Quality is variable. Coverage of needs, pricing, subsidies and user co-contributions are inconsistent or inequitable. Workforce shortages are exacerbated by low wages and some workers have insufficient skills” (PC 2011: xviii). The expansion of accredited gerontology training and education for nurses and aged care workers at all tertiary levels, alongside an impartial assessment of vocational education and training aged care programs, are amongst its key recommendations (PC 2011, p. lxxv).

In response, the Australian Government announced its Living Longer, Living Better policy and funding reforms, which include aged care workforce attraction, education, and retention measures (Department of Health and Ageing 2012). However, specific details have yet to be
released, pending consultation processes. At this stage it appears that competency level training for unqualified and new aged care workers will be the main workforce development focus, while gerontology-specific education of existing professionals in the wider health sector may be a secondary consideration.

However, there is a case for equitable attention to the education of both groups of workers. The complex nature of aged care provision requires inter-professional cooperation across all health occupations and service providers, which in turn requires common gerontological principles and knowledge (CFHCWOA 2008: 123). Moreover, international evidence suggests that while the need for general aged care workers is undeniably high, demand for gerontology specialist services amongst other health occupations, such as physiotherapists, podiatrists and nurses, may be considered of at least equal urgency (CFHCWOA 2008: 124; Nadash et al. 2013). Indeed, building the capacity of higher paid health professions in gerontology practice may well address the long-standing challenges of retaining aged care workers by providing career pathways that provide greater job satisfaction and are financially more rewarding (Pelham et al. 2012: 10-11). As the Department of Health and Aging note, Aged care services continue to find it difficult to attract and retain sufficient numbers of skilled and trained workers. … There is a lack of career development within the sector. Qualifications, competency standards and skill sets need to be updated. A career in aged care needs to be promoted as a career of choice (Department of Health and Ageing 2012: 1).

While embedding gerontology education across the spectrum of occupations that work with older people will ensure a quantum improvement in the quality of aged care by improving health promotion and primary health care, enhancing inter-professional relations and
establishing much needed career pathways, it also poses major challenges for gerontology education in Australia.

**Gerontology education in Australia**

Although there is an extensive and growing body of general research on health and ageing from biomedical, psychological and sociological perspectives, comparatively little attention has been paid to gerontology education for health practitioners. The general gerontology literature indicates that it is a wide and complex multidisciplinary field of inquiry. For example, it considers a life-course approach to understanding ageing and entails an array of health interventions from individual primary care through to health promotion initiatives (Novak 2012; Hooyman and Kiyak 2011; Richmond and Germov 2009). It also examines how the social determinants of health interconnect with ageing to affect risk factors (Poole 2009) as well as countering ageist stereotypes that deny the diversity, strengths, resilience, purposes and productivity of older people (Greig et al. 2003). Different practice models and service types, such as person-centred care, evidence-based care, case management, interdisciplinary teamwork, health and social services and policy, and community and residential care, are also features of the field (CFHCWOA 2008). The breadth and nuances of the field, which reflect the complexities of the ageing experience and aged care in Australia, convey something of the daunting task facing gerontology educators, not only in terms of *what* to teach, but *how* best to facilitate learning of gerontological principles and knowledge, given the diverse range, and specific needs and professional experiences, of students.

The generally poor state of knowledge about gerontology education in Australia needs to be addressed if we are to build its capacity to meet the demands outlined above. While a full overview of gerontology education experience is beyond the scope of this paper, several
general features are noteworthy. Australia’s peak gerontology body, the Australian Association of Gerontology (AAG), lists 27 gerontology university degrees (11 are discipline specific to nursing/medicine) (AAG nd). There are also aged care and health service management graduate courses available. There is no accrediting body for interdisciplinary gerontology education in Australia that might provide resources to facilitate a stronger teaching-research nexus in the field and collate and disseminate educational data, for example, on staff, student and pedagogical profiles, and on the variability and comparative effectiveness of different curricula and pedagogies. Without any institution to support teaching in the sector, gerontology educators are hamstrung and isolated in their efforts to improve educational quality and outcomes, which quite possibly affects recruitment and retention rates more broadly.

Under these circumstances, it is not surprising that instances of collegial examination of Australian gerontology education for health professionals have been rare. A literature search of the premier Australasian Journal on Ageing between 2003 – 2013 on teaching produced several articles on geriatric medicine only (Duque et al., 2013; Watson et al., 2012). Moreover, there was just one dedicated discussion on workforce education listed at the 2012 National Conference of the AAG, which focused on a specific teaching case study (AAG 2012). The paucity of attention to gerontology education means that many of its particularities, such as the needs of students who are already practitioners, remain unexamined and arguably under-developed.

Unlike the United States emphasis on undergraduate gerontology education, Australian universities primarily offer gerontology studies at the postgraduate level, often via distance education, to established health professional practitioners in a wide range of occupations.
(Pelham et al. 2012). In the AAG’s compilation of 27 university degrees, two are offered at undergraduate level (one associate degree and one bachelor’s degree) (AAG nd). Pedagogically, this focus raises questions for gerontology educators about how best to teach external cohorts in a manner that values and builds upon students’ existing professional expertise and facilitates inter-professional understanding and practice. Much of the literature on gerontology education is unhelpful on these questions. For example, the US journal, *Gerontology and Geriatric Education*, is primarily directed at undergraduate programs for new entrants to the occupational field, although some case study research on postgraduate online learning programs in the US has appeared very recently (Nadash et al. 2013). For Australian gerontology educators who may have professional backgrounds in a specific field, such as gerontological social work or nursing, teaching for a wide cross-section of established practitioners can be a daunting conundrum in the absence of much coordinated teaching support from universities or the wider gerontology education community.

More usefully, the broader literature on health professional practice education draws attention to the importance of different kinds of learning, which need to include practitioner skills and knowledge about ageing and older people, alongside learning that fosters reflexive professional behaviours, actions, thinking and values for the well-being of older people (Barnett and Coate 2005: 2; Higgs and Titchen 2001). To achieve these ends, particularly in the context of teaching established practitioners, it has been argued that educational institutions need to expand their “role from that of creator and transmitter of generalisable knowledge to that of enhancing the knowledge creation capabilities of individual and professional communities” (Eraut 2001: viii). The kinds of curriculum and pedagogical innovation needed of gerontology educators to achieve these goals presuppose high levels of institutional support from Australian universities (Nadash et al. 2013).
**Gerontology education and neoliberal tensions**

Overall, there are few signs that gerontology education is in any better state of preparedness to respond to the needs of Australia’s ageing population than its US counterparts, where calls for professionalisation and accreditation are high on the agenda. Pelham et al. observe that in the US, “…we have a demonstrable need to train a skilled workforce for the future to work with the growing older population at the same time that gerontology, the field dedicated to aging, appears to many to be fragile, marginal, and tenuous” (2012: 8). The case for accreditation in the US is aimed at improving the status, institutional support and quality of gerontology education and practice. However, opponents of accreditation contend that in addition to the absence of a “clearly defined market for gerontology credentials” (Haley et al. 2012: 21),

- At present gerontology lacks many necessary elements for credible professional accreditation, including defined scope of practice, applied curriculum, faculty with applied professional credentials, and resources necessary to support professional credentialing review. Accreditation with weak requirements will be dismissed as “vanity” accreditation, and strict requirements will be impossible for many resource-poor programs to achieve, putting unaccredited programs at increased risk for elimination (Haley et al. 2012: 20).

Fundamentally, the accreditation debate in the US can be seen as an attempt to resolve the institutional inability of gerontology education to meet the needs of an ageing population in the context of the commodification of education, health and, ultimately, older people.
The commodification of higher education under neoliberal government policies means that many gerontology courses, especially at the postgraduate level, are competing to attract fee-paying students, for whom there are, at present, limited opportunities to secure sufficient income returns on their educational investment (Haley et al. 2012). Political leaders under the sway of neoliberal ideology, which mistakenly equates efficiency with profitability, have increasingly handed responsibility for determining where and how education and health dollars are spent to undemocratic and un-transparent market mechanisms. As critics of neoliberalism have long argued, urgent social needs, such as elder care, health care and rural services, are often neglected precisely because they do not lend themselves to the accumulation of profit (Gray and Lawrence 2001; Hogan and Young 2013; Collyer and White 2001; Hart 2006; Walker 2005).

**Conclusion**

The disadvantaged position of gerontology education under neoliberal higher education policy is but one aspect of the broader neoliberal assault on older people, particularly through the withering of the welfare state and public services that many rely upon, and have indeed financed (Aberdeen and Bye 2013; Walker 2005). As with the nursing and teaching professions, the inability of market mechanisms to address chronic workforce needs in the provision of important social goods eventually becomes indisputable and governments can be compelled to act. The establishment of the Government’s Aged Care Strategic Workforce Advisory Group and the ensuing consultation process may become another example. However, given that gerontology education and educators have not enjoyed the same historical nourishment as the teaching or nursing disciplines, for example, it will be essential that any government workforce initiative is not just about enticing enrolments, but also invests in the development of the gerontology discipline and its teaching personnel.
Reference List


