Collegian xxx (xxxx) xxx

Contents lists available at ScienceDirect

Collegian

journal homepage: www.elsevier.com/locate/colegn

Identifying the continuing education needs of personal care workers in two residential aged care facilities by an appreciative inquiry study

Julie-Anne Martyn[a,*], Adele Wilkinson[b], Sally Zanella[c]

[a] University of the Sunshine Coast, Fraser Coast Campus, Old Maryborough Rd, Hervey Bay, QLD 4655, Australia
[b] Meilene Residential Aged Care, Anglicare Southern Queensland, 2 Meilene Street, Bundaberg, QLD, 4670, Australia
[c] Baycrest, Bolton Clarke, 99 Doolong Road, Hervey Bay, QLD 4655, Australia

ARTICLE INFO

Article history:
Received 27 April 2022
Revised 14 August 2022
Accepted 13 September 2022
Available online xxx

Keywords:
Education
Care worker
Residential aged care
Appreciative inquiry

ABSTRACT

Background: Personal care workers make up most of the workforce in residential aged care facilities, but they are under-served by continuing education providers.
Aim: This study aimed to explore the Continuing Education needs of personal care workers from the perspectives of care staff at two residential aged care facilities in regional Queensland, Australia.
Methods: This appreciative inquiry study used a visioning activity to inspire thoughts of the ideal PCW during the interviews and focus groups about the continuing education needs of personal care workers.
Findings: Gaps exist in the preservice preparation and continuing education of personal care workers, despite a reliance on the personal care worker role to be the 'eyes and ears' of other health professionals. The personal care workers identified their aspirational education needs for 'best' practice.
Discussion: Personal care workers must be adequately prepared through evidence-based continuing education to respond to residents' emerging needs. However, there was an educational mismatch for them because the PCW curriculum does not adequately prepare the participants for their role. Identifying personal care workers continuing education needs will enhance practice and improve the quality of care. Improving personal care worker education will address several public concerns about the quality of care in residential aged care facilities.
Conclusion: The personal care worker preservice education curriculum is inadequate. Improved personal care worker knowledge and skills are possible when the participants inform the curriculum. Furthermore, if aspirational curricula are designed by potential participants, then continuing education can build ideal practices.

Summary of relevance

Issue

Little is known about the suitability of the preservice and continuing education needs of PCWs to meet their educational needs for ideal practice.

What is Already Known

PCWs make up the bulk of the RACF workforce. A diverse range of RTOs provide their preservice education. There are differences in their preservice educational preparation.

What this paper adds

PCWs and their supervisors are ideally situated to identify the continuing education needs of PCWs working in RACFs. Targeted education that meets the needs of the PCW participants will increase their capabilities to respond to emerging needs. This box does not appear as it does here in the pdf version of the submission. Please could you check that it is complete?

Abbreviations: AI, appreciative inquiry; CE, continuing education; PCW, personal care worker; RACF, residual aged care facility; RN, registered nurse.

* Corresponding author.

https://doi.org/10.1016/j.colegn.2022.09.009

1. Introduction

Personal care workers (PCWs) are crucial personnel in the residential and aged care facility (RACF) workforce. They make up most of the RACF employees. They are typically prepared for their role by a registered training authority provider. However, the homogeneity of the RTO curricula is unclear and possibly underserves the PCWs and in turn their employing organisations. The paper describes an appreciative inquiry (AI) study to explore the continuing education (CE) needs of PCWs. Appreciative inquiry is a philosophy and a methodology that purposefully investigates the functional effectiveness of organisations. The methods used in this study involved the participants in a visioning activity to inspire their thoughts on the ideal PCW and identify the CE needs for best practice.

1.1. Literature Review

Australian Government projections for 2050 indicate the aged care workforce will need to quadruple (Mavromaras et al., 2017). To fulfil the prediction, Australia will require between 830,000 and 1.3 million workers (Dhakal, Nankervis, Connell, Fitzgerald, & Burgess, 2017; Smith & Stevens, 2013). The aged care workforce is made up of approximately 60%–70% of unregulated Health Care Workers (HCW), also named Personal Care Workers (PCWs), Personal Care Assistants (PCAs), and Assistants in Nursing (AINs) (Australian College of Nursing, 2016; Mavromaras et al., 2017). The workforce distribution in RACFs is typically 42% comprising of the PCW care team and 14% of nursing supervisors and care providers (Australian Institute of Health and Welfare, 2020b).

To support and sustain the increasing demand for quality and safety, the care industry and consumers alike are reliant on a large, dependable, and skilled workforce (Dhakal et al., 2017; Martyn, Zanella, & Wilkinson, 2019; Mavromaras et al., 2017). However, there is widespread concern about the workforce's quality, focusing on the knowledge and skill limitations of PCWs and assessing and addressing poor educational practices (Australian Skills Quality Authority, 2013, 2022; Carryer, Hansen, & Blakey, 2010). Therefore, an increase in the dependability of the aged care workforce's capacity and capability for safeguarding quality care is required to meet societal expectations (Australian Skills Quality Authority, 2022).

In late 2018, in response to growing public concern, the Australian Government announced the Royal Commission into Aged Care Quality and Safety (Royal Commission into Aged Care Quality and Safety, 2022). The first public hearings held in February 2019 identified staff training, staff levels, and skill mix as key issues (Royal Commission into Aged Care Quality and Safety, 2019a). Scrutinising, the preparation and practice of PCWs in aged care services are on the Royal Commission's agenda (Royal Commission into Aged Care Quality and Safety, 2018).

The PCW role is described as expansive and relatively complex (Choy & Henderson, 2016; Dhakal et al., 2017; Martyn et al., 2019; Mavromaras et al., 2017). While providing most of the routine care for residential aged care facility (RACF) residents (Dhakal et al., 2017; Mavromaras et al., 2017), ideal PCWs must have an adequate level of understanding of care requirements, be able to identify emerging problems (Carryer et al., 2010; Smith & Stevens, 2013), and deal with challenging behaviours (Carryer et al., 2010; Choy & Henderson, 2016). Underpinning these requirements are expectations that PCWs will establish rapport and meet residents' needs (Dhakal et al., 2017; Prgomet et al., 2016). The PCW role requires interpersonal skills to communicate, negotiate, and respectfully support and advocate for the residents (Choy & Henderson, 2016; Prgomet et al., 2016). However, a range of aged care providers, industry regulators, and peak bodies report that current PCW training is not meeting the sector's current skill needs (Dhakal et al., 2017; Leading Age Services Australia, 2018; Smith & Stevens, 2013).

The skill deficit remains despite numerous Registered Training Organisations (RTOs) offering Certificate III and Certificate IV programs (Australian Skills Quality Authority, 2013). Over 90% of PCWs have an entry-level vocational qualification of Certificate III or IV in Aged Care or Individual Support (Mavromaras et al., 2017). However, without clear national competency standards nor established career pathways that recognise the work of the PCW, (Australian Skills Quality Authority, 2013; Leading Age Services Australia, 2018) the workforce's skills and knowledge are incongruent with RACFs organisational needs for the resident care. Hence, the poorly skilled, undervalued, and pressured RACF workforce revealed by the Royal Commission interim report is not surprising (Royal Commission into Aged Care Quality and Safety, 2019b). In response to the final report from the Royal Commission, the (Commonwealth of Australia, 2021) recommended the skills, knowledge and capabilities of the existing workforce need upgrading along with a review of undergraduate curricula to address any changes in the knowledge, skills and attributes of students.

In November 2017, in response to industry training shortfalls, and pervasive concerns regarding sustainable training and development in the aged care sector, the Australian Government, established the Aged Care Workforce Strategy (ACWS) Taskforce (Carryer et al., 2010; Mavromaras et al., 2017). Several submissions were made to the Taskforce by lobby groups and peak bodies, advocating a national approach to building and developing viable training frameworks to support aged care providers to deliver quality care (Leading Age Services Australia, 2018). However, questions continue to be raised about precisely what additions or changes to education, training, and development are needed to meet current demand (Aged Care Workforce Strategy Taskforce, 2018; Leading Age Services Australia, 2018).

The Royal Commission into Aged Care Quality and Safety (2019) will provide recommendations on fundamental aspects of Aged Care such as staff recruitment, education, and training. However, negative perceptions of PCWs as a low-skilled, low status, low paid care workforce in aged care are internationally persistent (Carryer et al., 2010; Smith & Stevens, 2013). These perceptions continue to impact effective recruitment and retention (Aged & Community Services Western Australia Inc, 2010; Lai et al., 2018) and compound the concerns around increasing the aged care workforce's capacity and capability (Mavromaras et al., 2017).

Notwithstanding the RACF workforce challenges, adequate preservice preparation and CE is necessary to maintain knowledge and skills for safe and effective practice. PCWs in RACFs are required to know and do many things and keep abreast of the changing needs of their care recipients (Aged Care Workforce Strategy Taskforce, 2018; Australian Aged Care Workforce Strategy Taskforce, 2018; Martyn, 2016). This paper aims to present the findings from a qualitative appreciative inquiry study that identified the continuing education needs of PCWs in two residential aged care facilities.

1.2. Participants, ethics, and methods

A combination of focus group and interview methods were used in this qualitative study based in two RACFs located in regional Queensland, Australia. The aim of the study was to identify the ideal PCW characteristics and explore the CE topics needed to support PCW practice. An appreciative inquiry (AI) philosophy and framework underpinned this study. AI is both a philosophical and methodological approach seeking to find what works well within organisations (Egan & Lancaster, 2005). The participants informed the study design through their prospective visioning of the characteristics and educational needs of the ideal PCW. That is, they were

asked to imagine and describe the ideal PCW to initiate strengths-based discussions. Prospective visioning in AI studies ensures the participant's perspectives about effective practices are the focus (Shuayb, 2014). AI research acknowledges but does not focus on problems (Egan & Lancaster, 2005). Instead, AI methods purposefully investigate positive aspects of organisations to enhance functionality (Egan & Lancaster, 2005; Shuayb, 2014).

The principal author of this paper (JM) was a PhD graduate with experience in Appreciative Inquiry research design. As the chief investigator of all methodological aspects of the study JM led the data collection, research analysis and reporting. The participants were purposefully recruited from two RACFs due to their insider familiarity of the topic, and the accessibility to the facilities. The participants were invited on a flier displayed in the staff break out area. They gave written consent before being involved in any research activities. The interviews and focus groups enabled conversations with two groups of staff. Group 1 participants were in leadership roles, including Clinical Manager (CM), Residential Manager (RM), education coordinators, Registered Nurses (RNs), and Enrolled Nurses (ENs). In these roles Group 1, contributed to the CE of PCWs. Group 1 interviews were privately conducted by the principal author (JM) in the workplace and included a discussion about their perceptions of the education needs of PCWs and how best to meet those needs. Group 2 participants were the RACF PCWs. Group 2 participated in focus groups conducted by JM in a closed meeting room in the workplace. Questions such as, what are the characteristics of the ideal PCW, how do they behave? and what makes them the best? were posed in the focus group brainstorming session to prompt the participant-visioning activity. As the participants identified different attributes, JM scribed the ideas verbatim onto a whiteboard and categorised them under the headings of knowledge, skills and attributes. Hospitality and administration staff were excluded from this study.

RACF 1 had 110 beds and a greater than 98% occupancy rate with 110 carers consisting of Managers, RNs, ENs, and PCWs. Facility 2 had 100 permanently occupied beds, one occasionally occupied respite bed, and was staffed by 11 RNs, 1 CM, 1 RM, 3 ENs, and 59 PCWs.

The interview and focus group questions were prospectively designed to identify the knowledge, skills, and attributes of the ideal PCW and then explore the CE topics needed to develop the ideal PCW. Group 2 participants were first asked to describe the knowledge, skills, and attributes of ideal PCWs and then list the CE needs of those PCWs. All interviews were audio recorded and took less than 1-hour to complete. The focus group responses were written on a whiteboard for the participants to reflect on while identifying CE needs.

The participants prioritised their education needs from the topics listed and described their reason for the ranking. A thematic analysis of the interview and focus group data identified recurring concepts of ideal PCW characteristics, CE topics, and preferred modes of CE delivery. This study was approved by the University of Sunshine Coast Human Research Ethics Committee (Approval no: A/16/824), funded by PHN Central Queensland, Wide Bay, Sunshine Coast, and supported by the host facilities.

1.3. Findings

The participants in this AI study shared their insights of the PCW role from their experience in two regional RACFs in Queensland Australia. The AI research philosophy and methods encouraged participants to describe exemplary practices. The findings were categorised throughout the study to highlight what the participants referred to as the characteristics of, and education needed to be 'best' PCW. The final category was related to the inadequacy of the preservice education to be the 'best' PCWs.

Table 1
Attributes of ideal PCWs identified by Group 1.

Professional	Respectful	Reliable
Person-centred	Good Communicator	Not being task orientated
Adaptable	Holistic approach	People person
Flexible	Empathetic	Have career aspirations

Table 2
Attributes of ideal PCWs identified by Group 2.

Accountable	Aware of surroundings	Calm
Caring	Committed	Compassion
Confidence	Dedicated	Empathetic
Entertaining	Excellent attention to details	Excels in the job
Genuine	Good communicator	Good listener
Good sense of humour	Good time management skills	Happy
Has appropriate knowledge of legislation and clients	Has broad experience	Has initiative
Humble	Knowledgeable	Knows how to prioritise
Knows how to take care of themselves	Management enablers	Open
Punctual/timely	Reliable and honest	Resident care goals
Respectful of the workplace, families, clients, colleagues	Sociable	Supportive
Takes pride in dress	Team player	Transparent
Trustworthy	Uses intuition	

1.4. Characteristics of the 'best' PCW

Eight PCW supervisors were interviewed. They described the diverse role of the PCW in providing direct care to residents. The complex nature of the carer/resident relationship meant that PCWs were relied on to be *the frontline eyes and ears of the RNs.* Group 1 wanted the PCWs to have fundamental knowledge and skills to provide care for the residents and to support the RNs. However, in their experience, PCW preservice educational preparation was disparate. They said *they [the PCWs] all train differently*' because *the certificate level programs are inconsistent. The foundational education does not provide them with the level of knowledge and skills required by RACFs. They are all prepared differently.*

Group 1 participants agreed that the 'best' PCW had good *interpersonal skills,* such as *a personality to care* and *good communication* and *ethical practice*. Group 1 explained that a *personality to care* was sought at recruitment, saying that PCWs need to have the *right attitude* to be *a good fit* and a *team player*. They said that student placements were an ideal opportunity to observe the practice of PCW students, evaluate them for potential recruitment and identify those student PCWs who had the desired attributes listed in Table 1.

Twenty-three PCWs volunteered to participate in this study. They are Group 2. Group 2 responses agreed with Group 1, but their visioning activity identified several more attributes of the ideal PCW. Like their supervisors, Group 2 focused on the personal characteristics of the 'best' PCW. Table 2 outlines the attributes that Group 2 identified, showing that interpersonal and organisational skills featured in their responses more than technical skills or clinical knowledge.

There was consensus between Group 1 and Group 2 focussing on the interpersonal and not technical skills of PCWs when they described the knowledge, skills, and attributes of the ideal PCW. For example, skills such as time management and communication were listed but resident care activities such as hygiene, mobilising and feeding did not feature as characteristics of the ideal PCW for

Table 3
CE topics to enhance PCW practice.

Leadership and mentorship skills	Time management skills	Motivation and self-awareness (for example, personal needs and limits)	Role recognition (for example, appropriate dress and duty statement)	Communication skills: Ability to question and listen; Resume writing
Mental health	Defensive handling; Restraint and human rights; Behaviour management	Manual and food handling	Hygiene	Infection control; Personal Protective Equipment (PPE)

these participants. Instead, both groups described the 'best' PCW in terms of personal attributes, including *caring, compassion, and commitment.* Other common attributes of ideal PCWs identified by both groups were *respect, reliability, empathy,* and *good communication*.

1.5. CE to be the 'best' PCW

Group 1 discussed CE about identifying workplace hazards. For example, personal and resident risk management and *Occupational Health and Safety*. Group 1 identified that PCWs needed to be reminded about topics that they assumed were in the pre-service education program. For example, *mouth care* and *pressure area care* and *assisting with ADLs* and *blood glucose monitoring,* and taking *vital signs*. Group 1 recommended short in-service sessions on these topics to refresh the PCWs knowledge and skills.

Group 2 focus group findings reflected those of Group 1. However, their focus was on *Manual and Food handling, Assisting with ADLs,* and *Infection control*. Group 2 listed mandatory training topics offered by the host RACFs as necessary, even though the topics were included in most pre-service education programs. For example, *hand hygiene, documentation, and assisting with medications.*

Group 1 explained that the online and written CE packages provided in the workplace were *OK but not as effective as learning together.* They said PCWs *prefer short face-to-face sessions and peer mentoring* as the models for delivering education. Group 2 also described *work-based, free, and face-to-face education* as the best mode of CE delivery.

Both groups identified several topics that they suggested would enhance PCW practice and enable PCWs to function more effectively in the workplace. The top ten topics recommended are listed below in Table 3. Half of these topics are personal development topics making them related to the earlier findings of the characteristics of the ideal PCW.

1.6. Inadequate preservice education to be the 'best' PCW

Both participant groups agreed that newly qualified PCWs are often not work-ready because of their preservice education limitations. Group 1 acknowledged that PCWs have a desire to learn but they were *education starved* even though they *want to grow*. Furthermore, some of the skills identified in Table 1 as necessary for the role were not offered in some RTO curricula. Group 1 participants were unanimous in their opinion that PCWs are the crucial personnel of their facilities, but the Certificate level programs were inconsistent and inadequate to prepare them for their role. For example, anatomy and physiology are needed to understand the specialised care of residents but the preservice programs had *gaps in the educational preparedness of PCWs*.

Group 1 was generally dissatisfied with the preservice education of PCWs and, particularly, the short clinical placement timeframes. They said that *80 hours of placement was insufficient to develop the skills needed for good PCW practice.* They recalled that *200 practical hours were the norm, but now some placements are 80 hours or less.* Group 1 described PCW knowledge and skills shortfalls being realised during student placement or employment commencement. They assumed that topics such as *infection control* and *manual handling* were standardised in the preservice education programs of PCWs and added that student placements were *too short* to evaluate the application of those concepts in practice.

Overall, the ideal PCW was described in similar terms by both participant groups. They identified the 'best' PCW as having advanced communication, interpersonal and teamwork skills. They described the 'best' PCW's characteristics as attitudinal and behavioural qualities (Table 2) rather than technical or clinical skills. However, when suggesting the CE to maintain the ideal PCW level, the participants included clinical education, such as manual handling and infection control to make up for the inadequate preservice educational preparation of PCWs.

2. Discussion

These findings reinforce a Royal Commission into Aged Care Quality and Safety preliminary outcomes highlighting the need to focus on PCW education for quality service delivery (Royal Commission into Aged Care Quality and Safety, 2019b). PCWs must be adequately prepared through evidence-based CE to respond to residents' emerging needs. However, there was an educational mismatch for these PCWs confirming the findings from other studies (Choy & Henderson, 2016) and earlier workforce surveys (Mavromaras et al., 2017) that PCW's educational programs do not adequately prepare them for their role. Some enabling factors for developing a responsive workforce are identified in this study.

Corresponding to earlier studies, dementia and palliative care were identified as necessary PCW CE (Aged & Community Services Western Australia Inc, 2010; Mavromaras et al., 2017; Tieman, 2016). Similarly, aggression management and restraint education were ranked highly as learning needs (Mavromaras et al., 2017). The majority of PCWs (80%) who responded to The National Aged Care Workforce Survey (2016) (Mavromaras et al., 2017), indicated that they had completed workplace training in the previous 12 months, but it was mandatory training (Mavromaras et al., 2017). Mandatory training such as Fire Safety, Hand hygiene, and Elder Abuse, while identified in this study, is intended to meet legislative requirements (Aged Care Quality and Safety Commission, 2018). Mandatory training does not develop the interpersonal attributes that this and other studies (Australian Skills Quality Authority, 2013; Community Services and Health Industry Skills Council, 2015) identified as necessary. For example, RACFs want and need capable PCWs with the right attitude to be team players. Interpersonal skills were a prioritised in these findings as foundational for good practice. The PCW supervisors highly regarded personality interpersonal traits over technical acumen. They focused on people skills in addition to qualifications and experience (Australian Government, 2015). Ineffective communication and teamwork skills were reported as making PCW applicants unsuitable (Australian Government, 2015). Hence, CE focussing on functional or statutory risk mitigation topics rather than those that could develop a compassionate contemporary workforce (Dhakal et al., 2017; Smith & Stevens, 2013) is minimalistic and short-sighted. Developing the skills identified in this study, al-

though not mandatory training, would enhance the role of PCWs and improve the resident experience.

PCWs spend significant time communicating with residents while undertaking direct care activities. PCWs have been observed communicating with residents for up to two hours per shift (Qian et al., 2014). This communication is social, instrumental to the task at hand, and essential for consumer-directed care (Prgomet et al., 2016; Qian et al., 2014).

These findings suggest that the certificate-level preparation of PCWs fails to respond to known educational needs. Additionally, inconsistent RTO curricula lead to confusion about PCW education, training, and scope of practice (Carryer et al., 2010; Martyn et al., 2019; Smith & Stevens, 2013). For example, a quick internet search found programs with the same codes and titles, but varying curricula (Australian Skills Quality Authority, 2013; Dhakal et al., 2017; Martyn et al., 2019; Smith & Stevens, 2013). Some programs include an elective about assisting clients with medications (Austcare, 2020), whereas others offer communication (Inspire Education, 2022), and yet others offer business technology (tafe, 2020). The curricula from the RTO providers are not identical, and surprisingly, communication is not a core course of all programs.

Adding to the complexity is that PCWs prefer education delivered face to face (f2f) (Choy & Henderson, 2016) but RTOs and RACFs alike are opting for more online modes. The Internet search revealed an RTO delivering content in 1228 hours of online self-paced course work, including vocational placement (Inspire Education, 2022). Another offers 1235 hours of content in blended and online modes (Health courses Australia, 2020). Some have a practical component requirement including 120 hours of vocational placement in the delivery hours of the program (Tafe, 2020), and others add mandatory in-class activities (Austcare, 2020). So, based on these findings, the pre-service education limitations are greater than curriculum gaps alone. Hence, the educational standards of PCW graduates are diverse.

Such variation in PCW education leaves little doubt that RACFs must bear the burden of upskilling their core staff 'on the job,' often through episodic facility-specific educational activities (Choy & Henderson, 2016). Providing funding for more prospective rather than retrospective approaches to PCW CE would enhance the quality of care because RACF residents are a diverse group with complex needs (Australian Institute of Health and Welfare, 2020a). RNs rely on feedback from PCWs to plan appropriate resident care (Lai et al., 2018). PCWs deliver most of the direct care and despite being described as the crucial 'eyes and ears' of the RN in this and other studies (Lai et al., 2018; Martyn, 2016) their contributions to care planning are overlooked. In some instances, because of their proximity to the residents, PCWs provide first aid and rescue residents from deterioration (Shi et al., 2021). For this reason, they must know what to do when facing an emergency (Shi et al., 2021). Despite this valuable contribution to resident care and safety, PCWs remain inherently undervalued by unclear and inconsistent roles (Australian College of Nursing, 2016; Graham, Eaton, Jeffrey, Secher-Jorgensen, & Henderson, 2021; Lai et al., 2018), inadequate education (Martyn et al., 2019) and unregulated except for the Health Worker Code of Conduct (Australian College of Nursing, 2016; Australian Health Minister's Advisory Council, 2014) which barely applies to their practice (Martyn et al., 2019). The absence of explicit communication results in ineffective care (Graham et al., 2021). Similarly to other studies, the PCWs in this study demonstrated their value by functioning as an extension of the 'eyes and ears' of the RNs (Graham et al., 2021).

Purposeful communication between the PCW and the RN to deliver details about the condition of the residents is essential for quality care. However, as described by Graham et al. (2021), this benefit that the PCW role offers the RN in care planning is sometimes undervalued demonstrating a deficit to realising the potential of the PCW role in all health care contexts. Furthermore, there is a risk of PCWs working outside their scope of practice and placing residents at risk if they are not adequately prepared for their role and involved in care planning (Australian College of Nursing (ACN), 2019).

Neglecting PCW educational needs is significant. It contradicts the public demand for strengthening the aged care workforce to improve quality and bring together partnerships between the health, education, and training sectors (The Hon Ken Wyatt AM, 2019). Prospective and proactive approaches for contemporary curriculum design of PCW pre-service education is an essential quality improvement (Commonwealth of Australia, 2021). Moreover, recognising the valuable role of PCWs in delivering safe and quality care in RACFs must be a priority (Commonwealth of Australia, 2021). Thus, examining the quality of their curriculum and the educational providers is paramount to ensuring the PCW preparedness for practice (Commonwealth of Australia, 2021).

No assumptions can, nor should be made about the preservice preparation of the PCW workforce. And there is no greater need, since the COVID-19 pandemic, that the quality of PCW education should be guaranteed. For example, all health personnel should understand and practice infection control principles (Aged Care Quality and Safety Commission, 2018; Australian Skills Quality Authority, 2013; Royal Commission into Aged Care Quality and Safety, 2019b). But online delivery of infection control education cannot guarantee that the principles are understood for application or even that the intended participant completed the education. The rigour and integrity of PCW online learning must be regulated if RACFs are relying on it to educate their largest workforce.

The Royal Commission's focus has been on technical and organisational problems (Royal Commission into Aged Care Quality and Safety, 2019c). But, these findings confirm larger studies that indicate interpersonal skills are most valued in a PCW by their employer (Mavromaras et al., 2017). By acknowledging the beneficial contributions of the PCW in communicating resident conditions to the RN, deterioration can be recognised and resolved earlier (Shi et al., 2021).

PCW CE is fundamental to meeting the dynamic complexities of care recipients in RACFs (Choy & Henderson, 2016; Grealish, Henderson, Quero, Phillips, & Surawski, 2015). The PCWs in this study identified and prioritised their learning needs supporting other studies that CE should be designed and delivered to meet emerging learning needs for the topic and delivery style of the participants (Choy & Henderson, 2016). For example, reflecting these findings, Choy and Henderson (2016) through surveys and interviews of 51 health care workers in six metropolitan and rural aged care facilities in New South Wales and Western Australia, found that education that is relevant to everyday practice and situated in the workplace was preferred.

Buddying and practice-based experience with mentors' guidance was also desired over online or paper-based educational resources (Choy & Henderson, 2016). Thus, reinforcing the need to avoid relying on online learning. Likewise, and supported by this Queensland-based study individualised CE will improve PCWs impetus to engage in learning (Choy & Henderson, 2016). So, promoting CE in the aged care industry that involves the PCWs in their education, as demonstrated in this study is progress because PCWs tend to rely on the employer to provide any necessary CE. The consequence of ignoring the contemporaneous education needs of the PCW workforce in their role as primary carers and the RN's informants is that care could be suboptimal.

The PCWs in this study identified face-to-face delivery as the preferred method of CE delivery but there are limited CE providers. This lack of access to CE providers is a theme highlighted by sev-

eral commentators in the field of aged care (Royal Commission into Aged Care Quality and Safety, 2019b; The Hon Ken Wyatt AM, 2019). Therefore, employer-driven CE is implemented to address the gap, which adds to RACFs financial burden. This situation is untenable.

3. Implications for practice

If the mismatch of PCW pre-service preparation and lack of CE persists, the circumstances in RACFs will not change despite public demands to the contrary.

Individualising the CE for PCWs to address the educational nuances needed to deliver quality care would be a prospective action to address some of the Royal Commission's concerns. Thus, reducing incongruence between what is required to be a good PCW and what is provided as pre-service education and mandatory workplace training and enabling the workforce to enhance capacity.

3.1. Limitations

The study was limited to two RACFs in regional Queensland. Therefore, the findings are not generalisable even though they reflect the themes of other studies. Additionally, the perspective of the RACF residents was not sought in this study. Future research about the knowledge skills and attributes of the ideal PCW should include residents' perspectives because they are the recipients of care.

3.2. Recommendations

RTO curricula need to be revitalised and standardised to meet the emerging needs of PCWs rather than retaining historical content. Also, by focussing on the aspirational aspects of PCW practice education, practice, and policy and be primed and agile to deliver contemporary curricula and PCWs for best practice. Meanwhile, resourcing RACFs is essential to improve practice standards. For example, RACFs can socialise PCWs and train them, but funding models must be adjusted to resource these activities. Lastly, regulation of the workforce is needed to establish standards of education and practice (Australian College of Nursing (ACN), 2019; Graham et al., 2021).

4. Conclusion

PCWs and RACF supervisory staff identified a set of characteristics and factors describing the 'best' PCW practice. However, PCWs' practice capability is hindered by gaps in their educational preparation and access to appropriate CE. Therefore, CE is needed for PCWs to reach the aspirational practices identified in the literature, and the public domain. Only when this issue is satisfactorily addressed will the quality-of-care issues raised by the Royal Commission into Aged Care Quality and Safety be minimised.

Declaration of Competing Interest

None.

Funding

This research was funded by the Central Queensland, Wide Bay, Sunshine Coast PHN.

Ethical statement

The authors confirm that this study had ethical approval from the University of Sunshine Coast Human Research Ethics Committee (Approval no: A/16/824), QLD, Australia. The study design and methods adhered to parameters explained in the ethics application. The participants gave informed consent.

Acknowledgements

This study was made possible because of research participation by the PCWs and their supervisors. The participants are acknowledged as creating the knowledge generated by this appreciative inquiry.

Disclosures

This study was approved by the University of Sunshine Coast Human Research Ethics Committee (Approval no: A/16/824), funded by PHN Central Queensland, Wide Bay, Sunshine Coast, and supported by the host facilities. There are no conflicts of interest for any of the authors.

Financial Disclosure

Nil.

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