

So, why nurse in Residential Aged Care?



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History

- In 1997 the Australian Government implemented a package of structural reforms:
 - The introduction of the Aged Care Act 1997 and accompanying Principles
 - Splitting of 'nursing home' to
 - High Care (nursing home and dementia specific services)
 - Low Care (hostel and ageing in place)
 - Under the 1997 reforms only approved providers offer subsidised residential aged care

(Commonwealth of Australia, 2003)

History (cont.)

Commissioned by the Department of Health and Ageing under the Aged Care Act 1997, formation of the Aged Care Standards and Accreditation Agency

- As a regulatory body, the Agency provides compliance ‘support’ to all aged care facilities in a ‘policing’ manner by means of scheduled visits or spot visits.
- Regulatory compliance has placed considerable strain on aged care providers in that it is regulatory prescriptive through 44 expected outcomes
- At times seen as unrealistic in its approach which in turn places unrealistic demands on an industry with such rigid fiscal policy
 - i.e. introduction of ‘Ageing in Place’ blurring the traditional boundaries between high and low care residents
 - combination of additional costs and increased regulatory compliance have clearly impacted on fixed incomes and budget imperatives

– (The Aged Care Standards and Accreditation Agency, 2006; NACA, 2004)

Almost 11 years on & where are we now?

- Continued poor public and professional image of aged care through media and community imagery (myths)
- Rigid Government fiscal policy
- Rigid regulatory compliant environment through continuous improvement
- Rapid industry restructuring has increased care demands therefore increased demand on aged care services
- Increased scrutinising by complex sociocultural communities, comprised of savvy consumers with high expectations
- Shortages in trained staff and in particular RN staff
- Dominant unqualified workforce

(Jackson & Daley, 2004; Hogan, 2004).

Image of Aged Care Nursing

- Myths and anecdotal opinions surround patterns of discontent amongst nurses who themselves, depict aged care nursing as an area of nursing that deskills and provides limited opportunity to maintain nursing knowledge and skills

THE (5) BASIC HUMAN NEEDS

To FEEL:

- *Important*
- *Appreciated*
- *Understood*
- *In control*
- *Safe and secure*



Nurses working in aged care

The general shortage of trained nursing staff working in the aged care sector is greater than in any other sector of the health care system.

The aged care worker has developed a 'profile' that consists of being typically female (94%), Australian born, married, aged 40-50 years old, in good health and is predominantly a personal care worker (Richardson and Martin, 2004).

Nursing Workforce

- o In Australia, the nursing workforce is ageing, with 33.1% aged 35-44years and 40% aged 45years and over.
- o The average age of a clinical nurse in aged care is 47years compared to the rest of nursing at 42.2years.

Image

- The mismatch of a poor public and professional nursing image of aged care, is fueled by a fictional media image that not only depicts nurses as skilled handmaidens or subordinates to dominate physicians but characterises nurses as "sexpots," sadists, dimwits or to the extreme of "heroes"
- When aligning this imagery of nursing older people an even worse association is evident

(Gordon, 2005)

Some of the reasons nurses leave aged care or simply do not chose aged care as a nursing career

- o The poor public and professional image of aged care
- o Historically aged care has not lent itself towards career progression instead has fostered an environment that lacks opportunity
- o Has not recognised or remunerated nurses who demonstrate continuing competence
- o Decreased levels of professionalism (resultant of a dominant unqualified workforce)
- o Ineffective leadership
- o Historic blame culture in how care should be delivered to the aged

(Hogan, 2004, Pearson, Nay, Koch & Rosewarne, 2002; Angus & Nay, 2003; ABS, 2005; Commonwealth of Australia, 2002)



Nursing discourse can be a catalyst for
change in the aged care system

