



Public Sector Residential Aged Care Leadership Committee

The positive aspects of
aged care nursing

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Foreword

Victoria's public health services are major providers of residential aged care (RAC) in this state, particularly in rural areas, where they form an integral part of public health service provision. Over 80 per cent of health services operating public sector residential aged care (PSRAC) services are located in rural areas, and the residential aged care service is often co-located with the hospital. This governance arrangement by health services defines the character of public RAC services. As of 2011, in Victoria there were 194 PSRAC services operated by 80 health services, representing a total of 14 per cent of Commonwealth-funded places.

In metropolitan Melbourne the availability of RAC (public sector and more broadly) has an important link with the effective operation of hospitals. In rural areas RAC is usually provided as part of an integrated health service, which may provide acute, subacute and sometimes primary care, in addition to RAC.

The PSRAC Leadership Committee comprises nominated executive directors of nursing with overall responsibility for the management of RAC within Victorian public health services. The executive directors of nursing on the PSRAC Leadership Committee are nominated representatives from the three public sector directors of nursing (DoN) statewide committees: the metropolitan, regional and small rural DoN committees.

The aims of the PSRAC Leadership Committee are to lead strategic, planned and sustainable approaches, which ensure safe, high-quality care for residents and help to address the issues and concerns specific to the PSRAC sector. The committee also aims to influence policy directives and legislative changes relating to public sector RAC.

The positive aspects of aged care nursing project was commissioned by the PSRAC Leadership Committee, with funding provided by the Department of Health. Strategic projects such as this align with the committee's overarching aims of planning, supporting and promoting the PSRAC sector. It is expected that the information contained in this report will contribute to future positive approaches to health service nursing recruitment and retention.



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1. Summary

The PSRAC Leadership Group engaged Inside Health Management to conduct consultations with aged care nurses to understand their perceptions and experiences of the positive aspects of aged care nursing. Six focus groups were conducted across Victoria during October and November 2010. Sixty-five nurses from 32 agencies contributed to the project.

This consultation report provides a summary of nurses' discussions across eight themes:

1. work satisfaction and enjoyment of aged care nursing
2. career pathways in gerontic nursing
3. team environment
4. aged care as an option in nursing
5. positive change in aged care
6. flexible rostering
7. public sector opportunities for nurses
8. recruitment and retention.

These are discussed below.

Work satisfaction and enjoyment of aged care nursing

Nurses said that they gained considerable satisfaction from the knowledge that their role is appreciated by residents and their families, and enjoyed working in a homely environment. Most nurses said they enjoyed spending time with older residents, contributing to their health and wellbeing and learning about their lives and experiences. Nurses enjoyed including residents' families as key members of the care team. Many nurses greatly valued their role in assisting residents and their families during the last stages of residents' life.

Career pathways in gerontic nursing

Nurses said that they appreciated that aged care nursing is now seen as a specialist nursing career in its own right, and valued the opportunity to use a broad range of nursing skills in a relatively autonomous environment. They liked the challenge of training new entrants to aged care nursing, but felt the career pathway for senior nurses could be enhanced.

Team environment

Given the relatively stable workforce in aged care, and the residents' long stays, nurses were able to build and benefit from a strong team environment, including residents and their families. Nurses said that they looked forward to working with the same residents over time, and many had worked with the same nursing team for many years.

Aged care as an option

Most nurses said there had been a perception that aged care was the end of the nursing road, but that this was changing. With nurses experiencing aged care placements during their training, the aged care service can now compete with acute and other nursing specialties for new graduates.

Positive change in aged care

While the aged care reforms of the past decade have, at times, been challenging, nurses unanimously agreed that the quality of care has markedly improved, and consequently, their pride in their work has greatly increased.

Flexible rostering

Flexible rostering was seen as a real benefit, generally related to the relative stability of the workforce. With some nurses choosing to work permanent night and/or weekend shifts, there was less need for other nurses to rotate through these unpopular shifts.

Public sector opportunities

While the discussions were limited to public sector nursing, some commented that they appreciated what they perceived to be better conditions provided in the public sector.

Recruitment and retention

Each of the groups discussed the new and alternative training and career pathways into aged care nursing, including the completion of Certificate IV qualifications during the final years of high school and the use of personal care assistant positions to provide on-the-job experience for trainees seeking to gain nursing qualifications. Nurses said that they felt the aged care sector provided good opportunities for nurses re-entering the workforce and for nurses seeking stable full-time employment. The availability of different shift lengths was also a benefit for nurses who needed to balance work with other responsibilities.

2. Purpose and approach

The purpose of this project was to better understand why the workforce (consisting of registered nurses) chose to work in residential aged care.

The methodology for the project involved conducting a series of focus groups across Melbourne and regional Victoria. The objective of the focus group consultation was to:

- understand the positive elements of working in aged care
- discuss opportunities for improvements in aged care nursing
- improve recruitment and retention in aged care.

2.1 Format and location

It was determined that the best and most cost-effective way of meeting the project objectives was to conduct staff focus groups. It was determined at the outset to conduct seven focus group meetings across Victoria. One focus group was scheduled for each of the Department of Health rural regions and two for metropolitan Melbourne.

The locations for rural and regional Victoria were:

- Barwon Region (Southwest Healthcare Camperdown)
- Grampians Region (Stawell Regional Health)
- Loddon Mallee Region (Swan Hill District Health)
- Hume Region (Benalla and Memorial District Hospital)
- Gippsland Region (Central Gippsland Health Service).

The focus group planned for Gippsland did not proceed, and input from this region was provided in writing.

The locations for the metropolitan focus groups were:

- Southern Metropolitan Region (Kingston Centre, Cheltenham)
- Northern Metropolitan Region (Bundoora Extended Care Centre).

2.2 Participants

Invitations were distributed to the leadership group contact person in each of the regions. That person was responsible for contacting the DoN in all of the local public sector RAC facilities to ensure participation in the focus group in their region. Overall, the focus groups were open to any registered nursing staff working in PSRAC facilities; however, three of the groups were targeted to particular groups with the aim of eliciting quality information from the participants:

- registered nurses
- enrolled nurses
- nurse unit managers.

The success of the project depended on members of the leadership group ensuring that senior nursing staff working in public sector aged care facilities in their region were engaged in the process and allowed their staff the time to attend the focus groups. In order to increase accessibility (particularly in regional and rural areas), video and teleconferencing was available at all rural sites.

The project presented some limitations. There was potential for over-representation by staff who were very positive about working in aged care, although managers were asked to send staff who could give a broad representation of attitudes.

A total of 65 participants attended the focus groups, representing 32 agencies. By far the majority of participants came from either an acute and aged care background or an aged care-only background (73 per cent). Eight of the participants came from a mental health background.

In contrast to long-held perceptions that aged care nurses either do not enjoy their roles or are not prepared to be fully committed to the care of aged persons, without exception, the participants in the focus groups were very positive about their experiences in aged care nursing, their commitment to the role and their joy at being able to work with older people. The content of the focus groups could easily have deviated from the positives to the negatives of aged care nursing, and while the consultants initially felt that a real potential existed for this to occur, it was relatively easy to ensure that the discussions remained focused on the positive aspects of aged care nursing.

3. Issues and opportunities

This section of the report has a thematic format.

Other studies have been undertaken to identify some of the issues and opportunities for improvement in aged care nursing, but these particular focus groups concentrated on the positive aspects of working in aged care.

In general, the focus groups revealed that nurses gained considerable satisfaction from their interaction with the aged residents and their families, and said that they felt that their role in supporting people at the end of life was valued and important. They appreciated the relative stability of the aged care environment, which supported the development of good team relationships and accommodated flexible and responsive rostering practice. Nurses said that they felt great pride in the increased quality of care that had been achieved during the past decade of reform, and were keen to point out that gerontic nursing is now seen as speciality in its own right, with its own training requirements and career path opportunities.

3.1 Work satisfaction and enjoyment of aged care nursing

The participants in the focus groups overwhelmingly indicated that they enjoyed aged care nursing. While several participants had spent many years working in aged care, some had also worked there for less than five years. Work satisfaction was directly related to ‘making a difference’ and being ‘involved with families’. There was no doubt that aged care was seen as a ‘hard’ form of nursing, but focus groups participants indicated that the rewards outweighed this element:

We know we are helping, particularly with people who are experiencing grief at the loss of their independence.

It is holistic care — we get to know them and their families, and we continue with the family to the end. It is a privilege to help [at] the end of a person's life.

Daily rewards, where you can see the difference your care has on the resident.

We get the reward from people achieving the basics (activities of daily living), but we also see them happier.

In rural areas, particularly where staff lived and worked in the same community, staff often worked with older people whom they had known for years. There was a real sense of appreciation by residents and their families towards staff, and their commitment both to the organisation and to the residents was recognised. The relationship developed between residents and staff generated positive feedback for staff. Many examples were given where the goodwill of the staff extended beyond their hours of work; for instance, staff had taken residents out to sporting events or shopping. Participants said:

We feel needed, that we are making a difference.

[I] came into aged care nursing because I wanted to make a difference.

I have relationships with the families outside work.

The enjoyment and satisfaction element of working in aged care was also highlighted through the environment in which people worked. The homeliness of the environment and the holistic nature of the care for aged persons was very important to staff working in aged care. One participant said it was:

More homely, more like a second home. You forget you are at work.

Despite an increase in the level of clinical complexity for residents of nursing homes, there was a sense that aged care nursing was not illness focused, and that there was a real opportunity for continuity of care. Such elements of aged care nursing added to work satisfaction for staff. Where the commitment of staff was identified, there was a real sense that families were genuinely involved in the care of residents. For example, participants commented that:

Family is part of the team.

Consultation with family is valued by staff.

Participants described aged care nursing as ‘real nursing’, where nurses and other carers utilised all of their nursing skills to manage residents. They said that this added to their work satisfaction. Participants felt that no longer was aged care nursing seen as the job that you came to at the end of your career when there is nothing left to achieve, commenting that:

[Aged care nursing is an] opportunity to provide person-centred care.

Stereotypical ideas of what aged care nursing is about is often ill informed.

Aged care is ‘all about the care’.

3.2 Career pathway in gerontic nursing

Historically, aged care nursing has often been seen as the job nurses go to when they ‘finish nursing’, and there is nothing left to achieve. However, nurses who had embraced this form of nursing said that they believed that it to be a specialist stream in its own right. However, the focus groups indicated that there was still a sense that the profile of this form of nursing could be lifted.

Participants felt that residents who enter nursing homes today have more complex clinical and mental health needs than ever before, and they also require a level of social interaction to ensure boredom and inactivity does not reduce their quality of life.

Participants said that they felt the career structure was not as advanced as in the acute sector. In aged care, registered nurses can progress from a clinician position to assistant nurse unit manager to nurse unit manager, but there were few career options after that, and less opportunity to become a nurse practitioner.

To meet the diverse needs of today’s typical aged care resident, nurses working in this field require a specialist set of skills, including:

- understanding challenging behaviour and dementia care
- knowledge of complex clinical needs, including the potential interactions of medications in elderly people
- advanced clinical skills that enable autonomous decision making and clinical leadership
- knowledge of how pain and adequate nutrition can influence outcomes for the aged person
- communication skills with both professional and family groups
- an ability to assess residents and make decisions autonomously
- an ability to deliver ‘in-the-moment’ care decisions and responses, particularly where residents have challenging behaviour
- an understanding that aged care nursing is often interactive.

Participants said:

There is a real career path in aged care nursing.

We now have evidence-based care... some residents are 90 to 100 years old, we need to understand the whole of the resident.

3.3 Team environment

Focus groups participants universally indicated that one of the real positives of aged care nursing was the team environment. The nature of caring for the aged means that staff must work together to deliver care. Aged care nursing is no longer task orientated, and is more focused on the individual needs of the resident. Where care is delivered to a large number of people, it requires considerable organisation, and staff need to work together in a logical way to ensure that residents receive individualised care.

The positive aspects of the team environment mentioned included that:

- staff train together and continue to work together, particularly in smaller rural environments
- a flexible approach to rostering and staffing allows a good team environment to develop
- team members often have other life choices in common and friendships outside of work reinforces the team environment in the workplace
- continuity of staff and a sense of team enables staff to be flexible to accommodate one another's needs, which is a self-reinforcing positive for the team culture.

Many organisations identified that staff turnover was not an issue for aged care nursing. Continuity within the staff group reinforced the positive team environment. Participants commented:

It's a nice place to work, with a more controlled atmosphere and a good team.

(I) like both aged and acute (nursing): aged has better and closer teams, and I like the challenge. Now there are opportunities to work in both. I like both residents and staff... we are working for the same goals.

3.4 Aged care as an option in nursing

Participants said that aged care nursing was increasingly a real option for nursing, and not the end-of-the-road career choice that it was once considered. The reasons for this included:

- lifestyle choice: nursing in general fits into family situations, and aged care nursing offers additional choices of shifts
- the ability to organise the roster well in advance: because the resident population is fairly stable, the roster is unlikely to need substantial change
- there is less turnover in a resident population, therefore the work is more predictable and there is more ability to provide continuity of care.

Several participants indicated that they had left aged care nursing at some point but had been attracted back into the workforce. One said:

... it is not as bad as it used to be.

Many of the participants highlighted the differences between acute and aged care nursing. Some of the differences were considered positives and reasons why aged care nursing was now an attractive option in nursing. These included:

- building relationships
- consistent conditions
- type of work
- capacity
- person-centred care.

These are described below.

Building relationships

Acute nursing has a considerably shorter length of stay and an increasing tendency for ambulatory settings, meaning that nurses often do not get to see the same patient again. Aged care offers opportunities for involvement with the same residents and their families for longer periods, which can meet a nurse's desire to build relationships.

Consistent conditions

Aged care nursing has a more steady workload and work environment. Change in residents' condition is often more gradual and less marked. For many of the staff this means that there is less fear of the unknown.

Type of work

Aged care has always been considered hard work at a slower pace, and not as interesting or 'sexy' as acute nursing. The pace in aged care nursing is about relationship building and talking with people.

Capacity

Participants reported that nursing homes in rural settings always tend to be full, but acute wards in the same environment may not always be at capacity.

Person-centred care

Participants felt that person-centred care was not treating the disease, but treating the person as a whole and felt that this approach makes aged care more challenging, particularly as residents now have more complex disease processes occurring.

Participants' comments included:

[It] used to be based on the acute model, including notes based just on medical issues. Now there is an individual model of care, with assessments made for each resident. This takes more time, but delivers benefits.

'Real nursing' unlike acute care.

Acute has higher turnover, which can be more interesting, but you grow to like the continuity in aged care.

Get away from disease processes, medications, having doctors around.

We are not as driven by the needs of the hierarchy, which is more focused on tasks.

Nurses don't have an appreciation of aged care unless they work in it.

More respected now for our nursing skills.

3.5 Positive change in aged care

Historically, aged care has been viewed as a neglected area. There has been a need for change that would introduce a systematic approach to care, and for the development of a set of standards that could be monitored. Initially, there was great improvement to the system, but it is now viewed as one of the most highly regulated areas in health. Despite this, many participants saw the changes in aged care as positives for the system, for example, one participant said:

Sometimes it was hard to cope with change, but [I] can see that it was for the best.

The regulations have resulted in a common set of minimum standards for the aged care sector, regarding:

- facilities
- new systems
- equipment
- documentation
- the activity role.

These are described below.

Facilities

These are now more modern, and while there may be issues, they are generally more attractive to staff as a work environment. Single rooms and en suites have been an improvement in terms of building respect for residents.

New systems

New systems have increased the quality of the environment.

Equipment

Equipment updates have been a positive improvement for the working environment, such as high/low beds, tracking systems, slide sheets and lifting machines, which have reduced the amount of lifting for staff.

Documentation

Documentation is now electronic and evidence based. This has delivered more resident focused, and residents' goals are developed and outcomes are achieved.

The activity role

The advent of the activity role has been a positive for aged care. Nursing homes are identifying the benefits of the activity program for the residents. They are now rolling these out at extended hours and on weekends to capitalise on the improvements these programs bring in resident behaviour and wellbeing. Participants of the focus groups said that:

Care is better now.

For the residents things have improved.

The bar has been raised.

These examples highlight how change has brought better outcomes for residents. However, they have also focused attention on the need to look at the make-up of the workforce, including staff numbers.

3.6 Flexible rostering

Many participants said that they appreciated the more flexible approach to rostering, and the greater opportunities to direct their own rostering. This was easier for nurses with young children, as well as for older staff with grandchildren and their own parents to care for. Some nurses said they had access to shorter shifts, including six-hour shifts, but noted that it was hard to find time to talk with residents on these shorter shifts.

Participants were conscious that organisations were desperate for registered nurses, and recognised that this gave them leverage when they wanted to arrange for particular days off, or to go onto permanent night duty. Staff said that they tended to find out early what their shift arrangements would be, but sought some flexibility from management if they needed to change. They said that these features made it:

Easier for workers with young children.

Easier to get the shifts we want to get.

3.7 Public sector opportunities for nurses

The participants in this study were all drawn from public sector agencies, and the discussions focused on issues and opportunities in the public sector. However, participants occasionally compared their public sector experience with previous experience in other sectors. Whenever this topic was raised, participants said they believed the public sector looked after their nurses better, with better salary packaging, good conditions, more education and better equipment. Participants also said they felt the public sector provided better shift lengths, so they did not have to work on so many days, and that more staff in the public sector had more experience. This added to the quality of the team interaction.

The public sector is more family aware, and aware of the role of the nursing home in the family.

We have better access to medical support.

3.8 Recruitment and retention

Participants noted that many staff in aged care have more than ten years' experience, and that they have seen improvements in recruitment, development and retention over time. Many participants mentioned the availability of training for senior school students completing Certificate III and Certificate IV, and earning credits toward Years 11 and 12. Some students returned to aged care, and some went into acute nursing, but may return later in their careers. At one workshop participants said the system needed to let these younger nurses go, but should support them to return later.

Another career path was available for workers who became personal care assistants while studying to become enrolled nurses. Participants reported that some of these workers completed placements in acute units, and were attracted to remain in those settings.

Participants said that they felt there would be benefits for increasing the opportunities for trainees to choose aged care nursing early in their training process, particularly during their first and second placements. It was felt that it was easier to retain these staff than to attract staff who had first trained in acute nursing, and who sometimes felt that aged care nursing would give them fewer interesting career options. Participants mentioned that there would be benefits in engaging with the training facilities.

Some participants had asked trainees to compare their aged care experience with other placements. Trainees reported that they had done more procedures and more complex procedures, dealt with more family issues and more complex family issues. They had had a lot of variety and used a lot of their clinical expertise. They said:

I have extended myself.

It is a distinct body of knowledge.

Participants also reported that students coming from acute placements were surprised at how staff groups managed the higher acuity of aged care residents and the higher workload. They saw the need to develop a good culture for students, where they feel encouraged and trusted to do things. Comments included:

Rotating graduates through aged care placements can be a real recruitment tool. If they have a positive experience in aged care they often choose to return.

We hear favourable comments back, from both undergrads and postgrads.

We are opening up to older students, who are more likely to stay.

Students are surprised at how much experience they can get in different aspects of nursing.

Participants discussed how to target nurses to enter aged care work. They said that they felt the following groups might be suitable:

- nurses who want permanent employment
- nurses coming from the PCA stream to the nursing stream
- nurses re-entering the workforce.

Participants said that they felt it was easier than coming back to acute nursing, since it was not as busy and stressed, and offered more stability. Given that many aged care facilities were mostly able to fill night rosters with workers on permanent night shift, aged care nurses experienced fewer rotations.

Participants felt that more could be done to introduce people into the workforce through the PCA pathway. This pathway means that new recruits get more experience before they enter nursing training, and that they have access to paid work as a PCA while studying. A participant commented:

I enjoyed my (PCA) placements in aged care nursing and chose to go back there.

Retention was a particular issue for registered nurses. Participants said that they felt there were enough enrolled nurses coming through, including overseas-trained nurses who were training to become registered nurses. They also indicated that advances in medication management had made the work more interesting for enrolled nurses, and had taken the task focus out of medication rounds. Many enrolled nurses had completed the medication management module and were implementing the module in their own practice. One participant said:

Why would we work anywhere that we can't use that training?

Appendix: Summary of participants

Career Background of Participants														
Date	Venue	No. of participants	Aged care only	Acute and aged care	Rehab	Drug and alcohol	Mental Health	Ex-PCA	Back from retirement	Non-nursing background	Community /District	DON	NUM Education	Diversional therapy
14-Oct-10	Kingston Centre	16	3	6	1	1	4	1	1	1				
28-Oct-10	Benalla and District memorial hospital	10	2	1				4		3				
9-Nov-10	Swan Hill District Health	8	1	6			1				3			
4-Nov-10	South West Healthcare: Camperdown Campus	13	3	10			1			2				
16-Nov-10	Stawell Regional Health	14	4	8			2				1	3	2	1
18-Nov-10	Bundoora Extended Care	4		4									4	1

