



AGED CARE PRACTICE ...

The full story in contemporary nursing

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BACKGROUND

The experiences of registered nurses when dealing with change related to aged care policy, nursing practice and extensions of their professional role, have prepared them to function effectively within the highly professional clinical and management environment of aged care. Both clinical and non-clinical aspects of aged care nursing combine at the work-face to incorporate the many far reaching policy and nursing practice changes that continually occur in and around the Australian aged care industry as well as approaches to the care of older people.

The aim of this research was to develop a model of practice for aged care nurses that incorporates the full range of clinical and non-clinical nursing in contemporary aged care practice. A convenience sample of twelve post-graduate qualified registered nurses participated in an action research project, involving a series of four workshops over six months, to examine the roles and responsibilities of contemporary aged care practice for registered nurses. The outcome is a model of nurse practice that applies to the full range of practice contexts within aged care. The design of the practice model reflects the diversity of responsibilities and skills required of aged care nurses in Australia and recognises the national nature of policy and regulation which drives the industry towards continual improvement of systems and practice.

A MODEL FOR RN PRACTICE IN AGED CARE

APPLICATION OF SKILLS AND KNOWLEDGE IN KEY RESPONSIBILITY AREAS

- RESIDENT CARE, TREATMENT SUPPORT & PROTECTION
- CLINICAL LEADERSHIP AND PROFICIENCY
- AGED CARE MANAGEMENT
- TEAM LEADERSHIP AND WORKPLACE MANAGEMENT
- PROFESSIONAL INVOLVEMENT
- AGED CARE INDUSTRY
- COMMUNITY SENSITIVITY AND INVOLVEMENT

- AUSTRALIAN VALUES
- AGED CARE INDUSTRY REGULATION & STANDARDS
- PROFESSIONAL ETHICS & NURSE REGISTRATION
- ORGANISATION MISSION & PURPOSE
- LOCAL MANAGEMENT SYSTEMS & POLICIES
- CARE TEAM PROFICIENCY & SCOPE OF CAPABILITY
- CLIENT/FAMILY LIAISON & COUNSELLING
- DIRECT RESIDENT CARE & SERVICE DELIVERY
- MONITORING OF CARE PROCESSES & OUTCOMES FOR SAFETY & EFFICACY

DOMAINS OF INFLUENCE ON REGISTERED NURSE PRACTICE

RESIDENT FAMILY & SUPPORT GROUP

CONTEMPORARY AGED CARE ENVIRONMENTS

CORE CONCEPTS – MODEL OF AGED CARE PRACTICE

PROFESSIONAL NURSING PHILOSOPHY

incorporates a duty of to do good built upon shared professional and personal values that respect life, freedom, equity, veracity and fidelity.

Registered nurses advocate for, and support, individual rights to self-determination in ways that also preserve the rights of others in our care.

AGED CARE NURSING PHILOSOPHY

builds upon general nursing ideals and holds that aged care nurses:

- ...deliver care that is congruent with resident and family values and perceptions
- ...maintain sensitivity to personal uniqueness of each resident and respond appropriately
- ...respect the meaning that individuals and family hold about life and its purpose,

PROFESSIONAL NURSING is the application of current scientific knowledge to assist people to respond in healthy ways to the physical, psychological and social situations they are in or are facing; and the management of the nursing care environment so that care outcomes are enhanced.

AGED CARE NURSING incorporates the general definition of professional nursing within a long-term care framework which demands a personal investment in, and accountability for, the outcomes of nursing interventions for individuals and their families.

REGISTERED NURSE-RESIDENT RELATIONSHIP:

1. Resident participation in planning of care is expected and sought
2. Nurses derive meaning from residents' behaviour and seek full understanding of resident perceptions and feelings
3. The meaning of residents' behaviour guides nursing practice.

REGISTERED NURSE-FAMILY RELATIONSHIP:

1. The resident remains central to family links
2. Nurses work to maintain dynamic equilibrium between resident, family and society by understanding resident's views of their world
3. Resident and family behaviour reflects reactions to personal, interpersonal and social stressors in their attempts to preserve or restore wellness.

AGED CARE REGISTERED NURSES:

...**operate** with multi-disciplinary and multi-occupational teams to prevent health breakdown and to maximise residents' functional ability, optimum self-sufficiency and independence

...**focus** on the resident admitted for care, treatment, support and protection and whose need for nursing arises from functional deterioration related to advanced age and accumulated morbidity

...**aim** to provide care appropriate to the resident, family and social support system in ways that enhance the residents' experience of quality of life.

...**promote** quality of life and constructive attitudes towards ageing, and the spiritual well-being of residents, families and colleagues

...**work** to minimise harm if health is compromised, to promote adaptive behaviours and attitudes, and to provide appropriate end-of-life care, comfort and support as needed.

SUMMARY OF EVALUATION RESULTS

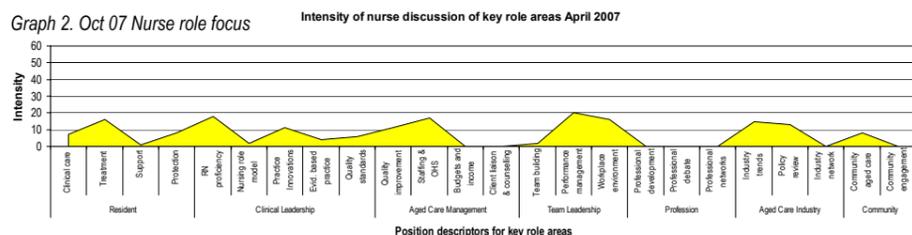
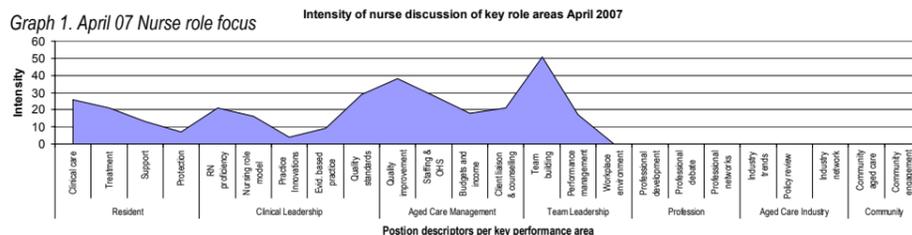
RESULTS

The Model of Aged Care Practice is based upon twelve aged care nurses' descriptions of their practice. Evaluation of the model for the larger and more general population of registered nurses involved observing their participation in regular Registered Nurses' Meetings and noting the topics and passion exhibited during the meeting.

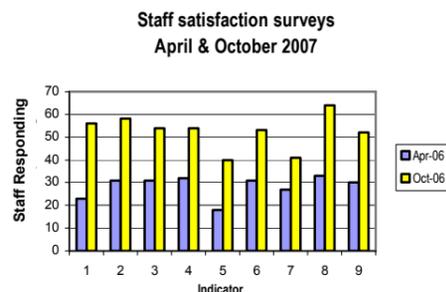
Graph 1. Intensity of discussion in key performance areas of nursing role 3 months after displaying the model and implementing model elements in position descriptions and annual appraisal systems.

Graph 2. Intensity of discussion in key performance areas of nursing role 6 months after implementation of the model throughout work systems.

Graph 3. Staff satisfaction surveys conducted before and after implementation of the Model of Aged Care practice.



Graph 3. Staff satisfaction



ACKNOWLEDGEMENTS

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CONCLUSIONS

Implementation of this model of practice across all areas of practice within the RSL LifeCare Retirement Village occurred over a 3 month period. Staff satisfaction surveys conducted before and following implementation showed improvements over all indicators of staff satisfaction (enjoyment of work; information provided to assist work; equipment provided to complete work; training provided by employer for role; teamwork environment; confidence in manager; respectful workplace; policies and systems of work; personal development opportunities).

Registered nurses responded well to working under the model which acknowledged the full practice role which includes clinical care, leadership, management, teamwork, professional activities, and involvement as professional aged care nurses in industry and community contexts. As can be seen, over the six months of implementation, the focus of registered nurses moved from a purely problem-oriented discussion to one which is more inclusive of the profession, the aged care industry and the community.



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