National Review of Nursing Education

Australian Aged Care Nursing:
A Critical Review of Education, Training, Recruitment and Retention in Residential and Community Settings

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This review was commissioned by the National Review of Nursing Education.

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Australian Aged Care Nursing:
A Critical Review of Education, Training, Recruitment and Retention in Residential and Community Settings

Executive Summary

The purpose of this report is to provide a critical review of issues surrounding nursing education and training in aged care, and the current nursing shortages faced in the Australian aged care sector. This critical review examines recent literature that addresses these issues in residential and community based aged care, both in Australia and overseas.

In order to achieve these objectives the consultants developed 2 critical review protocols, outlined at the beginning of Chapters 3 and 4. Based upon the protocols, the review involved several stages:

- a comprehensive search of the literature using defined keywords;
- identification and selection of literature that was both relevant and of reasonable quality; and
- an analysis of this literature to provide a synthesis and overview of the key findings identified in the literature.

Overall, a total of 190 articles were selected from the literature searches. Following an initial review of each article for relevance, a total of 100 articles were selected and reviewed for this report. Seven Australian workforce studies/reports were also included in the current review.

Chapter 1 provides a brief overview of the current aged care workforce; outlining aged care settings, aged population trends in Australia, and the provision of nursing education and training.

A review of the literature addressing education and training is presented in Chapter 2, and a review of recruitment and retention issues in Chapter 3. The outcomes of these reviews are synthesised to present an overview of the key findings from both areas in Chapter 4.

The review identifies a number of strategies for consideration:

**Strategy 1**: A review of the structure of nursing and personal care teams in aged care (including roles and gender composition).

**Strategy 2**: Expansion of the role of the registered nurse in aged care.

**Strategy 3**: Consideration of an increase in the period of education and training for registered nurses to at least four academic years (i.e., 112 weeks).

**Strategy 4**: Expansion of the role of the enrolled nurse in aged care.
Strategy 5: Consideration of an increase in the period of education and training for enrolled nurses to at least two years and eligibility for high performing graduates to enter the third year of a four year degree program in nursing.

Strategy 6: Identification and implementation of strategies by the aged care sector to promote the development and maintenance of supportive work environments in aged care homes.

Strategy 7: Collaboration between The Royal College of Nursing, Australia, the Australian Nursing Federation, and other parts of the aged care sector and key stakeholders to develop a strategy to credential advanced practice aged care nurses.

Strategy 8: Higher education and training providers, in collaboration with aged care homes, further develop and market clinically relevant postgraduate programs in aged care.

Strategy 9: The aged care sector develop strategies to encourage nurses to undertake advanced studies in gerontological nursing; explicitly reward nurses who complete advanced studies; and develop roles to accommodate the specialised knowledge and skills of advanced gerontological nursing clinicians.

Strategy 10: Development of strategies to improve the image of aged care, involving collaborative efforts between the Commonwealth Department of Health and Aged Care, aged care sector and the media.

Strategy 11: Development of an agreed national education and training plan for aged care nurses by Industrial Nursing Organisations and other relevant parts of the aged care sector.

Strategy 12: Establishment and funding by the Commonwealth Department of Health and Aged Care and aged care sector for a national aged care nursing research program.
Australian Aged Care Nursing:  
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1. An Overview of Aged Care in Australia

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1. An Overview of Aged Care in Australia

1.1 Residential and Community Aged Care

Approximately 20% of Australia's population over the age of seventy use aged care services. Home and Community Care services support more than half of this group, with the remainder being cared for in nursing homes (5%), hostels (3.7%) or through Community Aged Care Packages (0.2%).

Nursing care for older individuals is undertaken in a number of settings, including residential, community, acute and subacute areas. This review will report on the literature addressing both residential and community aged care. Residential aged care refers to the provision of accommodation and a range of services including appropriate staffing, meals, cleaning services, furnishings, furniture and equipment. Residential aged care can be further divided into high and low levels of care. High care relates to residents who have relatively complex care needs and are assigned on assessment to categories 1-4 on the Resident Classification Scale. The level of care required is broadly equivalent to the nursing home care provided under the previous system of residential care. A resident requiring low care is one who is assigned to classification levels 5-8 using the Resident Classification Scale. Low care required is broadly equivalent to the hostel level of care.

The Home and Community Care Program is a central element of the Federal Government's aged care policy, providing community care services to frail aged and younger people with disabilities, and their carers. The aim of the Home and Community Care program is to enhance the independence of people in these groups and avoid their premature or inappropriate admission to long term residential care. The bulk of home and community based services are provided under the auspices of the Home and Community Care program. This includes home nursing services, delivered meals, home help and home maintenance services, transport and shopping assistance, paramedical services, home and centre-based respite care, and advice and assistance of various kinds. Home and Community Care also provides brokered and co-ordinated care to some clients through community options and linkages projects.
1.2 Australia's Ageing Population

Of the 19,157,000 people living in Australia, 9.4% are aged between 65-79, with a further 2.9% over 80 years of age. These numbers have increased substantially from 1976, where only 7.3% of the population were aged between 65 and 79 years, and 1.6% were over 80 years of age. In 2051, it is estimated that the number of persons aged between 65 and 79 years will increase from 9.4% to 16.7%, and the most dramatic increase will occur in the frail aged (the oldest old, 80 years and over) from 2.9% to 9.4%. As at 30 June 2000 (AIHW), there were 3,005 occupied aged care homes in Australia providing a total of 141,162 places. In addition, 18,149 community aged care packages were also provided. Of these permanent residents, 62% high care residents (RCS1-4) and 38% low care residents (RCS5-8). A state and territory breakdown can be seen in Table 1.

Table 1. Residential bed and community packages in each State/Territory of Australia.

<table>
<thead>
<tr>
<th></th>
<th>Places</th>
<th>Packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>49,824</td>
<td>6,294</td>
</tr>
<tr>
<td>VIC</td>
<td>34,688</td>
<td>4,514</td>
</tr>
<tr>
<td>QLD</td>
<td>25,604</td>
<td>3,147</td>
</tr>
<tr>
<td>WA</td>
<td>11,893</td>
<td>1,524</td>
</tr>
<tr>
<td>SA</td>
<td>13,512</td>
<td>1,609</td>
</tr>
<tr>
<td>TAS</td>
<td>3,795</td>
<td>566</td>
</tr>
<tr>
<td>ACT</td>
<td>1,484</td>
<td>308</td>
</tr>
<tr>
<td>NT</td>
<td>362</td>
<td>187</td>
</tr>
<tr>
<td>Australia</td>
<td>141,162</td>
<td>18,149</td>
</tr>
</tbody>
</table>

1.3 The Aged Care Workforce

The statistics highlight the need to provide efficient and effective care for this group of the community. Economic constraints in aged care have led to the employment of a range of carers in aged care. These carers range in skill levels from registered nurses, through enrolled nurses to unlicensed personal care assistants. The 1999 labor force survey showed that the total number of registered and enrolled nurses in 1999 was 265,983, which is well below the levels of 1993 (281,455). The number of new registrations has declined by 23% between 1993 and 1999, from 68,625 to 53,103. In the same period, the total number of nurse registrations increased by only 0.1%, from 212,625 to 212,878. Of these, total nurse employment was estimated to be 221,988, which was similar to previous years. Conversely, the number of persons in nursing support occupations has increased significantly between 1991 and 1996, with 20,402 nursing assistants, and 16,706 personal care assistants.

The most recent available data (AIHW, 1996) shows that 38,272 nurses were employed in geriatrics and gerontological nursing, 8.2% less than in 1993. Of these, 34.0% were employed in public nursing homes, 39.8% in private nursing homes, 13.4% in hospitals and 3.2% in hostels. A State and Territory breakdown can be seen in Table 2.
### Table 2. Number of geriatric or gerontological nurses in each State/Territory of Australia.

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Number of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>12,704</td>
</tr>
<tr>
<td>VIC</td>
<td>12,920</td>
</tr>
<tr>
<td>QLD</td>
<td>5,133</td>
</tr>
<tr>
<td>WA</td>
<td>2,806</td>
</tr>
<tr>
<td>SA</td>
<td>3,106</td>
</tr>
<tr>
<td>TAS</td>
<td>1,088</td>
</tr>
<tr>
<td>ACT</td>
<td>373</td>
</tr>
<tr>
<td>NT</td>
<td>143</td>
</tr>
<tr>
<td>Australia</td>
<td>38,272</td>
</tr>
</tbody>
</table>

In a breakdown of private and public nursing homes, statistics have indicated that the number of gerontological/geriatric nurses employed in public nursing homes decreased from 18,260 in 1993 to 13,426 in 1996. Over this period, the number employed in private nursing homes fell from 17,019 to 15,251.

### 1.4 Nursing Education and Training

There are various education and training options for individuals wishing to undertake a career in nursing. Registration as a nurse requires the completion of a bachelor degree in nursing. Numerous university courses are currently available in nursing, including bachelor degrees, graduate certificates, graduate diplomas, masters degrees, professional doctorates and the PhD. Specialist education in gerontology is available and varies across educational institutions around Australia.

Training to become an enrolled nurse is generally conducted within the Vocational and Educational Training (VET) Sector. Enrolled nurses typically undertake a Certificate 4 in nursing through VET and some private providers. Traineeships are available in some states, whereby trainees receive payment in return for service provision as part of the training process. VET also offers courses for Assistants in Nursing (also referred to as nursing assistants, care assistants, personal care workers, and certified nursing aides). Specialist education and training in aged care is available through both the higher education sector and VET, but it would appear that uptake for such courses is poor.

Nursing assistants generally receive on the job training but an increasing number are undertaking aged care training at the Certificate 3 level offered by the VET sector and a number of private providers.

### 1.5 Recruitment and Retention of Qualified Nurses in Aged Care

Aged care has long been considered a low status area of nursing. There is ample evidence that nurses would prefer to work in acute care settings, and often find themselves working in aged care because it suits family commitments or because they are unable to gain suitable employment elsewhere (Nay, 1993; Stevens, 1995). Until relatively recently, long-term aged care was typically
custodial in nature. There was a widely held view that, as 'nothing could be done' for older people and they were 'only going to die anyway', skills and knowledge were unnecessary. Kindness and a strong back were seen to be the main requirements for working in nursing homes (Peisah, 1991; Nay, 1993). This view was reflected in the staffing of non-Government nursing homes in Australia, where over 50 percent of 'nursing' staff had no nursing qualification (Rhys-Hearne, 1986).

It is now recognised that gerontological nursing is a specialised field and that custodial care is entirely inappropriate. Professional and Government standards demand high quality individualised care that maximises potential, supports self-care where possible and provides palliative care as needed. However, there is some evidence (e.g. from the Australian Nursing Federation survey, 1997), and increasing concern being expressed at aged care committee meetings (e.g. of the Royal College Nursing Australia, and of the Gerontic Society; Extended Care Society of Victoria) that the numbers of qualified nurses in aged care are decreasing at the same time as demands for care are increasing. A better understanding of the reasons for attrition from the aged care nursing workforce and what incentives would encourage qualified staff to return to the workforce is vital to meet future health care demands.

A number of studies have been undertaken to examine the reasons for aged care nursing shortages, factors associated with the decision by qualified nurses to either remain, return to, or enter aged care nursing, and strategies to decrease attrition rates and improve recruitment. These include studies undertaken by Pearson, Nay and Koch (2001) and Nay and Closs (1997), which both explored issues surrounding the recruitment and retention of aged care nurses. A number of Australian workforce studies have also been undertaken in recent years to examine nursing shortages in aged care. These studies will be reviewed in Chapter 3.

The objective of this report was to critically review the issues surrounding the education and training of nurses, and the attrition and recruitment of qualified nurses in residential and community aged care.
2. Nursing Education and Training in Aged Care

2.1 Introduction

The highly skilled nature of nursing and the possible ramifications of engaging poorly skilled staff to deliver care, has led to the regulation of nursing as a profession in Australia and all countries in the developed world. A major component of this regulation is the monitoring of training and education for entry to the register of nurses. Although pre-service and undergraduate education and training is important in protecting the public from unsafe practice, an evaluation of continuing education is also of importance in ensuring that nurses maintain and update their skills and knowledge.

This review examines the best available evidence regarding optimal models for aged care nursing education and training, including:

- current models of nursing education;
- the skills and knowledge required to meet the changing needs of the nursing workforce;
- refresher and re-entry training for nurses re-entering the aged care nursing workforce; and
- continuing education and professional development.

2.2 Protocol for the Review

2.2.1 Review Question

The purpose of this review was to present the best available information in relation to the issues surrounding training and education for nurses either studying to work in, or currently working in aged care.
2.2.2 Inclusion Criteria

Types of participants

This review considered studies that included nurses or nursing students who were undertaking or who had completed education and training relating to aged care nursing.

Types of intervention

The interventions of interest to this review included models of: pre-service and undergraduate nursing courses; sources of continuing education and professional training; and refresher or re-entry training that has been applied in aged care nursing settings. The instruments used to validate and investigate these models were also of interest.

Types of outcome measures

The outcome measures included those variables that provided an indication of education and training efficacy, including preparedness for the workforce, competency and expertise, student satisfaction, economic, institutional and staffing indicators.

Types of studies

All studies relating to training and education for aged care nursing, including tertiary courses, continuing education and refresher/re-entry training models, where appropriate methods were used were considered as part of the review.

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2.2.3 Search Strategy

The search strategy was designed to access both published and unpublished materials and comprised three stages:

A limited search of CINAHL and Medline to identify relevant keywords contained in the title, abstract and subject descriptors.

Terms identified in this way, and the synonyms used by respective databases, were used in an extensive search of the literature.

Reference lists and bibliographies of the articles collected from those identified in stage two above were searched.

Articles published in the last 5 years in English and indexed in the following databases were searched:

- CINAHL
- Medline
- Australasian Medical Index
- Australian Public Affairs Information Service - Health Database
The initial CINAHL search terms were "Gerontologic Nursing Education", "Refresher or Re-entry Training" and "Continued Training or Education". Equivalent terms as defined by the respective thesauruses of other databases were used.

Full copies of articles identified by the search, and considered to meet the inclusion criteria, based on their title, abstract and subject descriptors, were obtained for data synthesis. Articles identified through reference list and bibliographic searches were also considered for data collection based on their title.

2.2.4 Critical Appraisal

Assessment of the appropriateness and quality of the study methods employed was undertaken. Studies were considered for inclusion in a narrative summary to enable the identification of current approaches and possible strategies.

2.2.5 Data Collection

Relevant data was extracted from each of the studies reviewed.

2.2.6 Data Synthesis

The findings were summarised by narrative. Data generated from observational and descriptive studies were summarised by narrative, listing significant factors or themes.

2.3 Key Findings of the Review

2.3.1 Pre-service and undergraduate education and training

Attracting able and enthusiastic registered and enrolled nurses to the aged care sector is highly dependent upon the initial exposure to the care of older people in pre-service and undergraduate programs. Current approaches to the education and training of registered nurses in all Australian states and territories largely focus on primary health care and the delivery of acute care services in hospitals. The education and training of enrolled nurses is largely focused on aged care. Until recently, articulation between VET programs for enrolled nurses and higher education programs for registered nurses has been limited but a number of nursing degree programs now offer shortened degree programs for enrolled nurses. Given the focus on aged care in enrolled nurse programs, increased articulation may arguably both increase the recruitment of trainee enrolled nurses, and those enrolled nurses who go on to become registered nurses may be recruited into the aged care
Nay and Pearson (2001) argue for a radical reform in pre-service nursing education and training, suggesting that a four year degree program, articulating with a two year enrolled nurse program, is required to address nursing workforce problems that have existed for most of the past 50 years. They suggest that a relatively large workforce of "practical nurses" with more education and training than existing enrolled nurses, and led by a much smaller group of registered nurses holding four year degrees, would create a scenario more likely to meet the community's need for a nursing service in general than current models.

The attitudes of nursing students towards aged care nursing has critical implications for the successful implementation of specialised education, the design and implementation of higher education curricula to encourage interest in aged care, and the subsequent recruitment of graduating nurses into aged care. A number of studies have been undertaken to examine students' attitudes towards aged care, and outcomes of exposure to aged care curriculum and clinical placements.

A review of the literature indicates that nursing students do not typically hold a favourable view of aged care nursing. Happell (1999) found from a study of nursing students' preferences for various areas of nursing practice, that at the commencement of their undergraduate nursing course, students display little interest in aged care. Similarly, Neilsen (1999) indicated from an evaluation of one cross campus Melbourne course specialising in aged care, that 44 of the 49 students involved in the evaluation of the course reported being indifferent to disappointed when asked about how 'excited' they were with the aged care placement. However 36 graduates indicated that they were satisfied to very satisfied with the completion of the placement. The large majority of the graduates indicated that they had been able to achieve their goals from the course, and stated that they learned various skills, including clinical skills, knowledge of medications and time management. Overall, though the students reported satisfaction with undertaking a comprehensive aged care placement, the reported findings indicated that graduates were not enthusiastic to undertake aged care placements. Happell (1999) has concluded that nursing educators must actively seek to portray the equal importance of all aspects of nursing care and to deter the situation where certain aspects of practice are considered more important and/or desirable than others.

One study has identified several factors that may encourage or discourage nursing students from choosing to work in a residential aged setting. A longitudinal study by Fagerberg, Winbald and Elkman (2000) followed students through the duration of their nursing course, interviewing the students at the end of each year about their experiences in residential aged care. The study found that overall, elder care was a low status subject. The factors likely to discourage students from selecting residential aged care settings as their workplace include: caring for the same resident with the same care needs over a long period of time; the pace being too slow; working alone with no support; and working in a workplace with poor resources and staffing levels. However the factors identified as likely to encourage students to choose to work in residential aged care after graduating include: a positive clinical experience; a positive experience with a preceptor; and meeting residents with many different conditions, thereby presenting opportunities to learn a lot and provide individualised care.

Furthermore, encouraging findings in one study have indicated that appropriate development and implementation of tertiary curriculum can positively influence students' approach to aged care. A study by Aday and Campbell (1995) investigated the changes in tertiary nursing students' attitudes and work preferences after completion of a gerontology curriculum. The curriculum included 62 hours of upper division nursing across 4 semesters. In addition to theory there was a clinical component in acute and home settings. The findings indicated significant changes in students' perceptions of ageing and aged care. Compared to attitudes prior to undertaking the curriculum, students held fewer negative stereotypical views at the end of their coursework. Further, there was greater sentiment for working with the elderly when students had more favourable attitudes towards them. It was concluded that educational programs can significantly change preconceptions about the elderly, and that education oriented towards the elderly may influence prospective
2.3.2 The learning needs of aged care nurses

The educational needs of aged care nurses, as perceived by nurses and nursing experts in the aged care sector was a key focus in the literature reviewed. This in itself is an important step towards the further development of gerontological components in educational programs at an undergraduate/postgraduate level, and for the development of suitable continuing education and professional development programs for nurses currently working in, or wishing to enter aged care.

A review of the literature undertaken by Joy, Carter and Smith (2000) addressed the specialist skills and knowledge that are required to provide adequate care for older adults. The authors identified the need for development of gerontological nurse specialists who are able to demonstrate detailed knowledge of older people's health and social needs, and who are highly competent practitioners skilled in holistic care. A vast body of the literature has indicated the lack of aged care specific educational opportunities. Many nurses had undertaken nursing education at a time when little focus was placed on gerontology, and more recent concerns have also been expressed regarding the aged care knowledge and experience of nursing educators, and inadequate course time spent on aged care in current nursing curricula. Low participation rates in post-registration and postgraduate aged care education was also noted in the literature. One study indicated that less than 25% of the staff in a number if nursing homes had undertaken any form of continuing professional education.

Specialty education in aged care is now considered to be essential in ensuring quality care for older Australians (Illefe & Kennerson, 1995; Stolley, Buckwalter & Harper, 1995). Illefe and Kennerson (1995) have indicated that educational preparation for Gerontological Nursing is well established. However, changes to Australia's ageing population, health care delivery and promotion, and community support are all influencing the skills mix, and as a result, educational needs of those working in aged care. Therefore, it is essential that education providers ensure that course content is relevant to current practice and care delivery standards.

Several researchers have set out to identify specific elements of nursing education required to meet the current needs and demands in aged care nursing. In a study examining the specific continuing education needs of nurses, Glass and Todd-Atkinson (1999) found from a survey of 164 nurses' self-perceived learning needs that nurses had a large number of continuing education needs that differed across night shift and day shift nurses. The key learning needs identified by nurses included the development of management skills, drug therapies and interactions, and dealing with behavioural problems in residents.

In an Australian study involving a survey of 1874 nurses, Orb (1996) examined the gerontological learning needs of nurses working in rural areas. The findings indicated that overall, 64.7% of nurses worked regularly with elderly people, however only 41% had received some form of education specific to aged care. Nurses were asked to rate the relevance of the nursing competencies that are required to work as a gerontological nurse. Nurses identified forty-four competencies, subdivided into 5 main areas: problem solving, ethical/legal, communication, collaboration, and nursing care. Seven specific competencies were identified by nurses as most relevant; legal knowledge, handling of disturbed patients, needs for continuing education, protection of patients' rights, prevention of harmful situations, accountability, and practicing in an ethical manner. Overall, 46% of nurses were interested in undertaking an external educational package in gerontology, with 63% of nurses who regularly worked with elderly people indicating that they would be interested in the course. Nurses who were undertaking part-time or casual employment were more interested in interactive learning (including audio-visual materials) than
those who were working full-time, who indicated a preference for text-based learning.

Learning needs relating to end-of-life care were identified in a study by Ersek, Kraybill and Hanberry (2000). Major issues reported by nurses involved difficulties with pain management; stressful interactions with residents, families, and other health care providers; lack of clarity related to role expectations; uncertainty about goals of care; time constraints; and unmet needs for self-care. Central to end of life care was the strong feeling of attachment that staff have for residents. The authors suggest that these findings can be used to guide the design of educational programs aimed at assisting nursing home staff in providing high level end of life care.

Oberski, Carter, Gray and Ross (1999) identified three key community care educational themes in a series of focus groups with registered nurses: specialist vs. generalist issues in role definitions and gerontological specialisation; social vs. medical approaches to care when nurses move into the community setting; and general nursing vs. mental nursing. The authors discussed these themes in relation to the design of an effective educational program, identifying a number of important issues: continuing and unexpected time pressures faced by nurses, adapting to older adults' living spaces and standards, working effectively under a range of circumstances, and working autonomously. The findings identified an essential element of future educational programs; for nurses to gain a sounder insight and understanding of their professional role when working in community aged care or moving across from a hospital setting to community care.

Other studies have indicated a broader range of learning needs in aged care nurses, including a survey of gerontological nurses and nursing experts in the UK and US (Timms & Ford, 1995). They found little consensus amongst nurses on the most necessary topics in aged care education, which included; normal changes in ageing, death and dying, medications, health promotion, nutritional needs, safety/fall prevention, mobility problems, psychosocial issues and physical assessments. Each topic was listed by some nurses within their 'top 5', suggesting the importance of a large range of specialty topics in aged care nursing.

2.3.3 Specialised training in aged care

Gerontological nursing faces the problem of difficulties in recruiting newly registered nurses. This is argued to relate back to difficulties faced by nursing educators in changing the negative attitudes among students towards aged care (Ford and McCormick, 2000). Furthermore, there are currently nurses with higher degrees in nursing or gerontology, but there is no demonstrable outcome or evidence of expert practice in working with older people (Ford and McCormick, 2000).

Several papers have identified the need for specialised aged care training, that leads to a recognised position such as Gerontological Nurse Specialist (Illefe & Kennerson, 1995; King, 1995; Stolley, Buckwatelter & Harper, 1995; Moyle, 1996; Ford & McCormick, 2000). Moyle (1996) argued for the critical need for aged care specialists, to both promote the positive image of aged care and ageing, as well as to meet needs of the increasingly more complex and demanding nature of caring for older individuals. Moyle (1996) indicates that it is essential that nursing academics consider strategies to increase the number of gerontology specialists, and provides a number of recommendations:

- a more positive emphasis on aged care in undergraduate courses, to improve care outcomes and entice more nurses to consider aged care;
- renegotiating challenging clinical placements from first year to second and third year, and providing positive clinical experiences in first year, such as introductions to healthy and active older adults;
- the development of specialty courses for gerontological nurses; both tertiary, and more
flexible course structures with various study options, for nurses without a tertiary background;
- joining gerontological specific nursing groups (that provide courses and conferences);
- train the trainer schemes; and
- using innovative means of education, such as learning strategies via computers, video and self-directed learning with support.

King (1995) has also argued that the development of gerontological nursing courses may enhance the image of gerontological nurses. Clinical experts suggest separate, specific courses are needed to provide a comprehensive understanding of gerontology. Understanding the gerontological nurse's expanding role may enhance the students' ability to care for elders. It is suggested that the problems associated with integration include a tendency to integrate gerontologic teaching with more general content, the perceived lack of importance of integrated content, and poor faculty preparation.

Studies have addressed the specific needs within specialised aged care education courses. A survey conducted to review the gerontological content in baccalaureate nursing programs was distributed nationally in the USA and completed by 480 baccalaureate (Rosenfeld, Bottrell, Fulmer, & Mezey, 1999). Criteria for excellence in gerontological nursing programs included: the presence of a stand alone course in gerontological nursing; utilisation of multiple clinical placement sites, at least one full time faculty member with certification; a masters program in gerontological nursing; and a university centre for ageing. The findings indicated that in the US:

- 23% of programs have a stand-alone course in gerontology.
- 40% of programs contain at least one full time American Nurses Association certification in gerontology.
- No school met all of the five, and only 19 met a combination of 4 criteria.

Recommendations included:

1. The number and focus of questions on the National Council Licensure Examination-Registered Nurse must reflect the knowledge base expected of nurses whose responsibilities will centre around care of the elderly.
2. Professional organisations that accredit baccalaureate programs should revise their standards for program certification to reflect the importance of preparing graduates to care for the elderly.
3. Baccalaureate programs must revise their curriculum to reflect the needs of society and of their students.
4. Existing resources and new technologies must be directed to assuring that faculty are adequately prepared to teach students state-of-the-art care of the elderly.

2.3.4 Collaborative education and teaching nursing homes

Among the strategies identified in the literature to improve the education and training of nurses in aged care, the further development of collaboration between educational institutions and aged care facilities was highlighted as a key issue. By developing further links between education and aged care homes and encouraging the development of teaching nursing homes, a number of benefits may be achieved. These include further professional input for nursing curricula (Joy, Carter & Smith, 2000), improved opportunities for quality clinical experiences for nursing students and potential for greater recruitment (ACWC, 2000), opportunities for nursing homes to establish best practice based upon advancements in research and knowledge in the universities, and improvements in the status of aged care (Chilvers & Jones, 1997).
Studies have indicated the importance of quality clinical experiences in a range of aged care facilities, in the professional development of nursing students, and development of positive attitudes to aged care nursing. One study evaluating the quality of a Graduate Certificate in Gerontology in the US indicated that students would like more training and experience with practical and applied elements of aged care (Usita, Blieszener & Roberto, 1998). Strengths of the course identified by the students included: multidisciplinary opportunities for learning, quality of instruction, opportunities for professional development and exposure to diverse backgrounds and experiences. Storey and Adams (1999) concluded that, through the development and evaluation of a program designed to improve the clinical placement experience for students in nursing homes, placements can provide excellent experience, and may help to banish any negative stereotypes of nursing home nurses thereby affirming the value of geriatric care.

A number of papers have addressed the development of teaching nursing homes, as a means of raising the profile of, and improving the quality of aged care, and improving the education and recruitment of nurses and nursing students (Chilvers & Jones, 1997; ACWC, 2000; Upex, 2000).

A report to the Aged Care Workforce Committee (ACWC; 2000) identified a number of developments proposed to improve nursing homes and facilitate the recruitment of nurses in aged care, including the development of teaching nursing homes that have affiliations with a university. This recommendation is based on the premise that teaching nursing homes will attract more qualified nurses who have familiarity with the homes via clinical placements, greater professional standards of the homes, and a view to further opportunities for continuing education and professional development via the affiliated university.

The Warabrook Centre for Aged Care is an Australian model of this recommendation, operating in conjunction with the University of Newcastle. As outlined in the report, the design for the home incorporated the needs of the university, providing a training room and lunch area for visiting students, rotations for 4th year medical students, placements for nursing students and provision of a part-time Medical Director to supervise medical students.

The La Trobe University Gerontic Nursing Clinical School located at Bundoora Extended Care Centre and linked to the Australian Centre for Evidence Based Residential Aged Care provides practice-focused education and training for enrolled nurses and undergraduate and postgraduate nursing students. A large research program is a feature of this collaborative unit, including a large PhD program focusing on aged care.

Chilvers and Jones (1997) explored the potential value of teaching nursing homes as a possible alternative placement to facilitate learning, through a review of the literature. The authors concluded that the concept of teaching nursing homes offers vast potential, not only to nursing education, but also in raising the profile of care of the elderly. One example of this was the program undertaken by Robert Wood Johnson Foundation, in association with the American Academy of Nursing, using a care-oriented approach. This program promotes the affiliation of nursing schools with nursing homes. In this approach the focus is on education, practice and clinical research in an attempt to improve the knowledge base in relation to long-term care and increasing the number of qualified carers. Teaching nursing homes originated in the US in 1963 but gained recognition/funding in the 1980s when the National Institute for Aging Director (Butler) established a teaching nursing home research program. The homes were associated with medical schools and focussed on research into the ageing process and disease prevention. Coming under criticism for this medical emphasis, they broadened to affiliate with nursing schools and include in their scope education, practice and clinical research.

**2.3.5 An interdisciplinary approach to education and training**

Adopting an interdisciplinary approach to the education and training of aged care nurses, including
nursing, medicine and social work, was highlighted in several papers (Richardson, Cooper, Swanson & Ward, 1995; Clark, 1997; Gariola, 1997; Howe, Mellor & Cassel, 1999; McKinna and Conners, 1999). Clark (1997) discussed the importance of developing new interdisciplinary curricular models of aged care education, to enable students to gain additional instructional outcomes from interdisciplinary experiences based upon knowledge and skills gained from collaboration amongst aged care professionals. An interdisciplinary approach to aged health care services and education is also viewed to provide a holistic approach to patient care that emphasises a best practice approach (Gariola, 1997).

The majority of the literature in this area has involved overviews of current programs that have been developed to incorporate various disciplinary approaches to aged care. Three of these programs were selected for review in this report. A paper by Howe, Mellor and Cassel (1999) outlines an interdisciplinary approach to aged care nursing education. The authors outline the Mount Sinai Medical Center Geriatric Interdisciplinary Team Training Program (GITT), designed to prepare future health professionals; nurse practitioner trainees, social work students and medical residents, to work within interdisciplinary geriatrics teams and deliver quality care. The program aims to ensure that trainees have a shared knowledge base, attitudes, and skills about teamwork and care of older people. The program offers two choices for training: an intensive training program and a less intensive program consisting of one-day workshops. The intensive training program consists of practicum-based experience and didactic curriculum that are flexibly integrated in the course. For nursing students, the course length is typically 15 weeks in duration. Students also have the option of a comprehensive one-day workshop, offered 2-3 times each academic year. Topics covered in the course include geriatrics and gerontology, working in interdisciplinary teams, and managed care. The program uses a variety of teaching approaches, including team teaching, journaling, standardised patients, 'real time' experiences, one-day workshops and program enhancements.

The program has been running for two years, and its coordinators are continuing to assess and refine the program through ongoing reviews. The authors reported on the positive and enduring impact of the training program on the faculty and management team, clinical sites, and academic institutions involved in the program. The program has been reported as an impetus for a critical review of clinical teaching, precepting and team functioning in the participating clinical institutions. In the participating academic institutions, geriatrics and gerontology have been given a 'heightened status' in the participating schools, through the existence of the GITT program. Schools (social work) have also been reported to effect change in their curriculum, to identify gaps in learning related to ageing and interdisciplinary teamwork.

McKINNA and CONNERS (1999) provided an overview of a Certificate in Gerontological Nursing (Division 1), a hospital based course run by the Bendigo Health Care Group that emphasises an interdisciplinary approach to aged care. The aim of the program is to provide specialist theoretical and clinical education and practicum in gerontological nursing, for nurses to competently practice as part of a specialist interdisciplinary team providing holistic care for older individuals. This course was developed in response to three major imperatives: the growth in the ageing population and changes in health care needs; the need for quality, specialised gerontological nursing care that meets national standards; and the professional development needs of nursing professionals. The course providers acknowledge that it is not possible for all nurses to participate in tertiary post-graduate courses. However the hospital based course is argued to provide not only knowledge and skills, but also 'educational confidence' for nurses which may result in nurses extending their studies to tertiary institutions. One course is run each year for 26 weeks, consisting of two 13-week semesters. Credit points may be transferred across to other tertiary graduate and postgraduate courses at universities. The course consists of 6 units: normal biological ageing, pathophysiology, psychosocial aspects, complex care, professional and political issues, and ageing in the community. The course provides a number of advantages and opportunities: specialisation in gerontology, a strong clinical base for improving practice, familiarisation with computers and programs, lectures from a variety of experts, and networking.
Siegler, Cotter, Goldberg-Glen, Brice and Ellis (1996) evaluated an interdisciplinary experiential seminar format for educating medical, nursing and social work students. The seminar program consisted of 2 components, a series of eight 90-minute sessions, and 2 visits to demented individuals and their families. All seminars were interactive, including videotapes and age simulation games. The experiential component involved students maintaining a diary of the visits and their impressions of dementia before and after the course. A final questionnaire was completed to rate how well the course filled its objectives. Results revealed that students were receptive to the materials and incorporated the most important concepts into their observations and understanding of dementia. The experiential component was the most valuable part of the course and the authors concluded that an experiential opportunity for health professional students to learn about dementia is both feasible and effective.

2.3.6 Continuing education and professional development

The development and evaluation of continuing education programs is a key issue prioritising best practice in aged care homes, as well as providing aged care nursing staff with continued opportunities for professional development and increased job satisfaction (Girvin, 1999). A large number of papers were identified in the literature that describe recent education and training programs, and evaluations of the outcomes of educational programs.

Several benefits to the use of continuing education programs have been identified in the literature. Support for benefits of the identification of learning needs and provision of continuing education for nursing home staff was found in a study by Davies, Slack, Laker and Philp (1999). They found from a cross sectional survey of 676 senior nurses within a random sample of nursing homes in England, that educational preparation of nursing staff was found to be significantly associated with the quality of care (as measured by resident autonomy) of residents in each aged care home.

Biddington (1996) found that a learner-centred program for nursing staff with the teacher acting as the facilitator resulted in improved motivation, sense of worth, achievement and confidence. McLeod and Buikema (1996) identified similar findings through use of a self-directed approach to nursing staff training. After 20 nurses assessed their own learning needs via a questionnaire, articles were selected by the educator and clinical nurse specialist (CNS) based on staff perceptions of learning needs (based on gerontological nursing practice that contributes to program development in the unit). Nurses were invited to read articles of interest to them regarding various psychogeriatric programs, activities promoting mental health, common psychiatric illnesses, and effective nursing interventions. Over a 10-week period, nurses presented synopses of the articles and led discussions in a series of meetings with their peers. The program generated much enthusiasm amongst the staff. It gave them the opportunity to participate in a group, to agree or disagree on a professional issue, thereby increasing staff involvement in the issue as well as their own learning. The article reviews and presentations were described by nurses as "group therapy for the staff".

A study by Proctor, Stratton-Powell, Burns, Tarrier, Reeves, Emerson and Hatton (1998) found that changes in the quality of interaction between staff and residents can be obtained by providing regular training and support to care workers. Assessments were made with 51 nursing home staff before, during and at the end of the training intervention using an adaptation of the Quality of Interactions Schedule. A significant increase in the proportion of time staff spent in positive interactions with residents was observed over a 6-month period, both in direct care and social contact at the end of training.

Following the implementation of a 3-month staff education program on resident aggression with 134 nursing staff, Hagen and Sayers (1995) found that reports of resident aggression dropped by
The education program consisted of 3 modules using theory, group discussions, and brainstorming. Topics included: relationship between dementia and aggression; risk factors for aggression; goals of care for demented elderly; strategies to prevent aggression in the demented elderly; strategies to de-escalate aggression; and protective interventions.

Smith (1998) outlined a 2-year project on education for Registered Nursing Home Association staff, that aimed to provide courses on the principals and practice of palliative care to nurses and other aged care staff. The palliative care course was developed upon three main areas that were identified at the start of the project by registered nurses working in aged care homes: the assessment and management of pain and other symptoms, communication skills, and support of families and colleagues following a bereavement. The educational team developed a problem-based reflective practice framework for the course that drew upon nurses’ experiences. Each course was presented during 12 days over a 6-month period. Nurses were required to identify an area of practice that they hoped to change as a result of the learning. Therefore a 3-month gap in the course was provided, to enable nurses to adopt changes in their practice and report back on their progress and any issues that arose, at the end of the course. Participants indicated several benefits to the course, including improved ability to cope with residents and family, increased confidence in raising issues, and improved understandings of the support needs of relatives. The author stressed the importance of designing a course that is specific to aged care homes and staff.

Peterson, Hakendorf and Gusgott (1999) described the development and assessment of an aged care continuing education program that was developed to improve participants’ expertise in clinical management of older individuals and ability to facilitate changes in response to the needs of clients, thus improving quality of care in their nursing home. The course was based upon principles of problem-based learning, which allow nurses to further develop their knowledge, clinical reasoning skills and capacity to become self-directed learners. Using both quantitative and qualitative approaches to evaluate the program, data on the course effectiveness were collected through observations, journals and pre-post questionnaires. The findings of the evaluation indicated that participants were able to develop a more holistic approach to aged care nursing, reflect on their practice, further develop their understanding of current aged care guidelines, and acquire new skills and strategies for improving their workplace. It was concluded that problem-based learning was an effective tool in linking theory with practice and improving nurses' approach to aged care.

Brazil, Jewell, Lyle, Zuraw and Stanton (1998) undertook an evaluation of a 2-day geriatric workshop for nurses in a long-term care hospital. A quasi-experimental pre-post intervention design with a non-matched comparison group was used with 51 Registered Nurses, 31 of whom were in the control group. Participation increased knowledge of gerontological issues and improved ability to assess patients and to plan and document nursing interventions. However, the workshop did not improve collaborative practice, job satisfaction, or role ambiguity. The authors suggest that the workshop is a valid approach to change relevant nursing behaviour in the workplace, however the selection of measurement instruments is critical in designing an evaluation.

Taft (1999) studied the effectiveness of a team educational approach to managing urinary incontinence (UI). The nursing staff were surveyed prior to, and 4 months after completion of the program. The focus of the program was to increase nurses self worth by instilling a sense of belonging and thereby improving job performance. Written materials were provided prior to the program to give an understanding of the causes and specific types of UI and possible interventions. The team met once a week to discuss new and ongoing cases, arrive at impressions, and make recommendations. It was found that incontinence was easier to manage after the program was implemented. The authors concluded that nursing staff have a better opportunity for behavioral change when their practice is valued and they are included as members of the UI management team led by advanced practice nurses.

In a study investigating a train-the-trainer model, 57 nurses completed a questionnaire of their perceptions as a result of the training project (Smith, Mitchell, & Buckwalter, 1995). The train-the-trainer approach was designed to overcome numerous barriers to effective geriatric mental health
training observed by CMHC nurse specialists in the years prior to the project. This method was utilised to encourage long term care nurses to become internal specialists on mental health issues. The train-the-trainer model developed self-contained training modules on various geriatric mental health topics, such as depression & dementia. Each module contained detailed program materials, including goals and objectives, notes for instructors, materials checklist, training scripts, slides, handouts, exercises & activities, and a glossary of terms. Using these modules, the nurses completed 3 separate 2-day intensive training sessions. In turn, these nurse trainers trained additional staff in their own facilities. The train-the-trainer model proved to be a viable method of providing geriatric mental health consultation and training that targets both improved quality of life for both residents and staff in charge of residents' care.

A review of a train-the-trainer program was undertaken with twenty-five participants who had an interest in ageing and the ability to successfully teach their peers (Langer, 1999). The program included both gerontological content as well as fundamental teaching methodologies. The primary educational concern was how to effectively improve the professional and personal understanding of ageing on the part of those who work closely with older adults. A 150-page binder of learning materials was provided, including lecture summaries, pamphlets and printouts for topics covered in the workshop, sample lesson plans, descriptions of teaching methodologies and venues for appropriate application, references to journal articles, and guidelines for accessing library, internet, community, and national resources for participants and their future trainees.

At the conclusion of the Train-the-Trainer Partnership workshop, the participant nurses’ attitudes towards ageing and the elderly were assessed using an open-ended questionnaire. Results suggested that the program was successful at improving the participants' attitudes towards ageing and the aged. Nurses also commented positively on having learned relevant content and acquired the methodological tools with which to integrate this content into experiences for their future trainees.

In support of these findings, a study by Cheney, Schank and Simpson (1996) concluded that the 'train-the-trainer' programs are needed to help nurse educators acquire the knowledge and skills needed to develop cost effective curricula. This system was found in their study to be effective in delivering inservice programs in multiple settings and across multiple instructors.

An investigation of the use of an educational intervention to improve aged care in a rural area indicated that a needs-based geriatric educational intervention can significantly improve the geriatric assessment skills of health care professionals (Brymer, Cormack, & Spezowka, 1998). The study involved a pre and post-test with 164 subjects, 66 of whom completed all of the 4 sessions of a geriatric educational intervention developed for all non physician health professionals in a rural community. Self reported practices with elderly patients were noted in assessment of medication use, physical assessment, mental status assessment, screening for elder abuse, and the use of community resources. Demonstration of a change in practice was the primary outcome measure. This intervention was concluded to be inexpensive & feasible, and the authors suggest that similar interventions should be more widely implemented.

Rae and Colles (2000) outlined a person-centred holistic approach to training nurses in dementia care. The training sessions usually last three hours, and are led by nurses experienced in dementia care. The sessions are intended to be a catalyst for change by raising awareness and enabling nurses to review their practice. The training also aims to change negative attitudes that a diagnosis of dementia provokes. Very encouraging comments were received via questionnaires answered by 597 nurses who took part in the training sessions. Although over half reported that establishing a definitive diagnosis was one of the most difficult aspects of caring for people with dementia, over 69% reported that the session helped them in this area. A change in attitude was also apparent, with 59% of nurses feeling more optimistic after the training session that something could be done.

An evaluation of the Australian National Residential Dementia Training Initiative (NRDTI; 1998)
outlines the program and changes in service delivery as a result of the program. The mid term review of the National Action Plan for Dementia Care identified a need for a more coordinated approach to dementia care training for all staff working in residential aged care facilities. The NRDTI was established to provide systematic training for staff in Commonwealth funded residential aged care facilities in order to improve dementia care practice.

Three main training components were offered. Information sessions for managers aimed to provide knowledge and information about the importance of dementia care training staff and stimulate management to facilitate the implementation of good dementia care practices. The second component, the Direct Care Workers course, provided basic knowledge and skills for direct care staff to promote improved care practices for people with dementia. Train the Trainer, the third component, aimed to provide industry with an infrastructure to sustain dementia care training after the end of the Initiative.

The changes in care practices and attitudes towards residents with dementia reported represent a definite and significant improvement in the quality of service delivery for residents with dementia. Respondents reported improvements in attitudes and care practices, as a result of the NRDTI dementia care training in the following areas: increased knowledge about dementia; health and personal care; resident lifestyle; management practices; benefits of training. However some workers reported that they had not been able to implement changes due to constraints caused by management attitudes and practices, the physical environment and the attitudes and practices of other staff.

Despite successes with several continuing education programs, the literature has identified difficulties that nurses experience in either undertaking or accessing further education and training. Several strategies have been identified to counter this difficulty. A survey of 41 nurses from aged care homes, found that almost two-thirds of the nurses received no support from their employer to undertake continued education, despite an increase in training needs, workload, and patient dependency (Nazarko, 1996). Similarly, almost two-thirds of the nurses indicated that they found it difficult to access professional education. Nazarko (1996) discusses these findings in relation to current recruitment difficulties in aged care, indicating that nurses are choosing alternative positions with better salaries and educational opportunities. Nazarko (1996) makes several recommendations to counter current educational and recruitment difficulties:

- Further research to identify skill needs, to which educational programs must be tailored
- Establishing links between aged care homes and universities, to the benefit of both. These links would facilitate the development of new roles such as lecturer/practitioner and gerontological specialist within nursing homes, provide students with clinical experience in homes, and assist in bridging the gap between practice and theory.
- Provision of funding for nurses to continue their education, and providing the same educational opportunities for aged care nurses as are available in other nursing sectors.

In a report on the needs for dementia care, The Victorian Government Department of Human Services (2000) provided recommendations for education and training. The first objective described in the report addresses the improvement of quality of care, by promoting measures and initiatives that relate to education and training needs. The training and education of dementia workers is considered essential. Recommended actions relevant to aged care nurses included:

- Statewide dementia training, addressing: identification of workforce groups that require training; development of a sound understanding of the education needs in particular aged care settings; and provision of on-site in-service training for aged care staff.
- Facilitating the continuing availability of dementia related educational resources and establishment of a central dementia resource repository
- Inclusion of dementia-specific educational components in undergraduate courses
2.3.7 Re-entry and refresher training

The development and provision of re-entry and refresher training for nurses wishing to enter into aged care is a key strategy identified in recent recruitment and retention research (e.g., Pearson, Nay and Koch, 2001). However to date there has been minimal research to develop and evaluate such programs in the age care sector. Two papers are presented below, that outline the implementation and outcome of aged care re-entry courses in the US.

One re-entry program designed for the aged care sector was outlined by Damukaitis and Schirm (1989). The program ran for four weeks, including content relevant to aged care such as physical and psychological changes in the ageing process, nutrition, skin and foot care, respiratory function and medication management. Presentations by the nurse educator were augmented by representatives from appliance and supply companies. The course ran for a total of 70 hours, with a minimum allocation of 15 hours for clinical experience.

Damukaitis and Schirm (1989) also outlined additional strategies for recruiting nurses; the collaboration between a group of nursing homes to form their own nursing agency, and a mail out to nurses to market the refresher course and agency. Benefits to the program included a higher proportion of nurses returning, thereby enhancing continuity of care, and employing "known" staff. The homes shared the cost of a co-ordinator and were able to pay the nurses a higher rate from the savings made from agency fees (which were more than double the hourly rate received by the nurses). Benefits for the nurses included greater flexibility of employment and the higher wages.

A brief paper by Nagy (1991) described a program implemented in the United States to recruit nurses into the aged care sector. Their approach was to attract inactive older nurses (50 + years) into the aged care workforce via a re-entry course, Project ONE-AGE - Older Nurses Enthusiastic about Geriatric Employment. The course was developed in response to a survey that indicated that 25% of nurses meeting those criteria in Illinois would be interested in long-term care rather than return to the acute sector. The aim of the project was to assess older nurses' perception of the nursing shortage, their proposed solutions for it, and their perceived need for retraining upon returning to nursing. The findings indicated that adequate staffing levels, increased pay, flexible hours, ability to use life experience for patient care, and adequate orientation would contribute to nurses returning to work. The most dominant reason for nurses not returning to work was a perception of themselves as too old. It was concluded that a program convincing nurses that their experience and expertise is needed may encourage nurses to return to the workforce, and in particular long term care.

Following implementation of the project, nearly 50% of nurses who undertook the program reported an interest in working in long term care, despite not having considered it before the project was presented. Recommendations based on the outcomes of the project included: a revision of re-entry course to include a component on long term care, and inclusion of gerontology in the curricula of nursing education programs.

2.3.8 Flexible learning options

The need for flexible learning options is a key issue in the successful provision of aged care education. A paper by Nazarko (2000) provided a number of suggestions for residential aged care nurses considering or wishing to undertake further education and training, based upon needs and
time available. Her recommendations included: nurses examining their skills in light of the needs of
the residents they are caring for, to identify and prioritise personal education needs; visiting a
centre for excellence; spending a day with a nurse specialist to keep up-to-date; and/or attending a
study day or national board course. Nazarko (2000) argues that nurses with well developed skills
are able to provide a higher level of quality care, enjoy greater job satisfaction and confidence, and
improved promotional opportunities, whilst employers supporting further education for their staff
will benefit from higher levels of staff morale, and reduced staff turnover.
Attrition and Recruitment of Qualified Nurses in Aged Care

3.1 Introduction

Developing a clearer understanding of the factors that contribute to nursing attrition and identification of the changes that would encourage qualified staff to return to, or enter into the aged care workforce is vital to meet future health care demands. Several studies have been identified that examine the key reasons for aged care nursing shortages. In addition, a number of health professionals have published articles addressing what they believe are key issues and strategies to address the current shortage of aged care nurses. This review examines the best available evidence relating to the attrition and recruitment of qualified nursing staff from nursing in aged care and factors that would facilitate their return.

3.2 Protocol for the Review

3.2.1 Review Question

The purpose of this review is to present the best available information regarding the attrition of qualified nursing staff from aged care and the strategies that are considered to facilitate their return.

3.2.2 Inclusion Criteria

Types of participants
This review considered studies that included nursing staff from services where older persons are consumers of care and particularly in residential aged care. Residential aged care settings include high dependency and low dependency homes and hostels.

**Types of intervention**

The interventions of interest to this review were strategies and models of recruitment and retention, which have been applied in aged care settings. Any instruments used to validate and investigate these strategies/models were also of interest.

**Types of outcome measures**

The outcome measures included those variables that provide an indication of attrition rates and their causes, and efficacy of models of recruitment and retention. These included resident health indicators; staff satisfaction and indicators of dissatisfaction such as sick leave and staff turnover; economic indicators; staffing indicators and attitudinal data.

**Types of studies**

All studies of issues surrounding attrition from aged care nursing and the various models of recruitment and retention, where appropriate methods were used, were considered as part of the review.

### 3.2.3 Search Strategy

The search strategy was designed to access both published and unpublished materials and comprised three stages:

1. A limited search of CINAHL and Medline to identify relevant keywords contained in the title, abstract and subject descriptors.
2. Terms identified in this way, and the synonyms used by respective databases, were used in an extensive search of the literature.
3. Reference lists and bibliographies of the articles collected from those identified in stage two above were searched.

Articles published in the last 5 years in English and indexed in the following databases were searched:

- CINAHL
- Medline
- Australasian Medical Index
- Australian Public Affairs Information Service - Health Database,
- Health & Society Database
- Psychinfo
- Sociological Abstracts

The initial CINAHL search terms were "gerontologic nursing", "personnel recruitment", "personnel retention", "educational status", "employment status" and "job re-entry". Equivalent terms as defined by the respective thesauruses of other databases were used.
Full copies of articles identified by the search, and considered to meet the inclusion criteria based on their title, abstract and subject descriptors, were obtained for data synthesis. Articles identified through reference list and bibliographic searches were also considered for data collection based on their title.

### 3.2.4 Critical Appraisal

Assessment of the appropriateness and quality of the study methods employed was undertaken. Studies were considered for inclusion in a narrative summary to enable the identification of current approaches and possible strategies.

### 3.2.5 Data Collection

Relevant data was extracted from each of the studies reviewed.

### 3.2.6 Data Synthesis

The findings were summarised by narrative. Data generated from observational and descriptive studies was summarised by narrative, listing significant factors or themes.

### 3.3 Key Findings of the Review

The most significant aged care workforce issue faced in Australia is the retention and recruitment of qualified nurses into the workplace. The nature of work in the aged care sector, coupled with the low status and rapid rate of structural change means that the aged care workplace is characterised by low morale and high rates of turnover and absenteeism (Stein, Heinrich, Payne & Hannen, 2000). A number of papers and studies addressing the factors associated with recruitment and retention of nurses in aged care, and the changes required to decrease current attrition rates and make the aged care sector a more attractive option for qualified nurses are presented below.

### 3.3.1 Retention of nurses in aged care

**Emphasising a model of wellness**

A key issue in the retention and recruitment of nurses is the nature of aged care; generally perceived as a field whereby there is little opportunity to 'cure' patients and see them recover from medical problems. New graduates often choose acute care because of the opportunities to provide short-term care that results in positive outcomes. This stands in contrast to long-term residential aged care homes whereby management rather than cure, and provision of palliative care is
In a discussion of issues surrounding the current shortage of nurses in aged care, Kuehn (1990) argued that the focus in long-term care should change from a medical focus of care to a 'wellness model'. The proposed wellness model was discussed as recognising professional nurses as the keystone to quality care. Organisational support for further training and decision making by nurses was highlighted in the model. The flaw in maintaining a medical model of illness was argued on the grounds that an inability to successfully implement a curative model devalued caring, creating an environment to optimise self-care and independence, and hence nursing input was overlooked and quality resident care suffered. The wellness model was promoted for its emphasis on dignity, maximising independence in daily living, promoting, maintaining and restoring health, and allowing the resident to maintain control of his or her life.

Kuehn (1990) also discussed other factors considered important in the long term nursing shortages, including the lack of collegiality found in acute medical-surgical settings due to the relative absence of physicians and other health care professionals, including other registered nurses on the same shifts. The lack of professional autonomy was also highlighted in the results of a survey of nursing home administrators asking, 'who should be consulted in decisions involving managerial and clinical issues?' The responses included 'administrators, owners, residents, families, physicians, ethics committees, courts and legislature'. However nurses were not listed amongst the responses.

Kuehn (1990) also claimed high proportions of unqualified staff lead to the high regulatory influence in long-term care, and created a burden of paperwork and stress not experienced in other settings. The minimal staffing limits perpetuated the understaffing dilemma as profit motives influenced levels of care available.

Preceptors for new nurses

The success of a program focussing on preceptor support for new nurses in the workforce provides encouraging support for similar programs to be undertaken around Australian aged care homes. Shemansky (1998) describes the overall effectiveness of the first long-term care preceptor program implemented in 1989. The responsibilities of the preceptor were based on the identified needs of new employees including:

- orienting new staff members to their roles and responsibilities on the unit;
- aiding in the socialisation of new staff members to the unit and facility;
- helping new employees meet their learning needs and planning assignments with learning needs in mind;
- providing ongoing feedback to new employees and the education department;
- ensuring quality resident care;
- acting as a clinical resource and role model; and
- making educational opportunities available.

The masonic home of New Jersey's preceptor program has been very beneficial and cost effective. Over 9 years, nursing turnover has reduced from 53.4% to 17%, saving the home more than $150,000. Evaluations completed by employees verify that the program has aided socialization of the new staff to the facility and has increased job satisfaction for new employees by providing orientation continuity and a clinical resource person. By maintaining continuity, the authors claim they are ensuring quality resident care. In addition, preceptors' job satisfaction has also increased in this role.
Stress and coping

The provision of staff support and guidance for managing workplace stress are key issues in the retention of nurses in aged care. Walters, Bond and Pointer (1995) undertook an empirical evaluation of a stress management program using a single education session and ongoing relaxation exercises over a 12 week period, used with 24 aged care staff in an Adelaide nursing home. The research was undertaken in acknowledgement of the intrinsic stress associated with working in an aged care nursing home, and the need to provide coping skills to assist nursing home staff in dealing with stressors in their working environment. The findings indicated that the use of an education session and relaxation exercises twice daily over a 12 week period did not reduce perceived stress levels reported by participants, however it significantly reduced participants' blood pressure and reported symptoms of stress. These findings indicate the potential for use of stress management programs in nursing homes, as a means of reducing stress levels and associated difficulties in the workplace.

In support of these findings, Baillon, Scothern, & Vickery (1999) concluded that given current difficulties in recruitment and retention of qualified staff, routine audits of staff stress levels would be beneficial in identifying ways to minimise stress and improve coping, such as staff training and individual professional development plans.

Unqualified staff

The increasing stress and responsibilities experienced in association with working with and supervising an increasing number of unqualified nursing staff is an important issue in the retention of qualified nurses in the aged care setting. Results of the focus groups held with residential aged care nurses to examine their perception of nursing assistants indicated that nurses held positive opinions about nursing assistants and their work, whereby 'good' nursing assistants were reported to be indispensable to the provision of quality care (Garland & Schirm, 1998). However nurses indicated displeasure and stress associated with their role in supervising assistants. The authors discussed this in relation to the unpredictable performance of assistants, and nurses' subjective evaluations of assistants' performance that may make supervision difficult and sometimes ineffective. Nurses expressed difficulties with their job performance depending upon the cooperation from low status nursing home staff. As a result, this may cause uncertainty towards assistants and reluctance for nurses to supervise them.

Workplace conditions

Several studies and reports have addressed a number of workplace conditions that are contributing to the high rates of attrition in aged care. An opinion piece identified in the literature sets the scene for a myriad of problems within the residential aged care sector, and may indeed represent a large proportion of qualified nurses' view of the sector. In addressing the recruitment and retention of nurses in aged care, Courteney (2000) discusses his unwillingness to consider employment in a private nursing home, because of the working conditions encountered by both himself and his colleagues in various private nursing homes. These included continually changing verbal contracts rather than set employment contracts, promises for continuing study opportunities, pay and holiday conditions that are not met, lack of holiday pay, priorities for profit rather than quality care, lack of qualifications in proprietors, lack of staff, equipment and resources, and unfair dismissals. Courteney (2000) relates his experiences with acknowledgment that they are often extreme cases or examples, however indicates that many nurses decide not to work in private aged care because
of these working conditions.

A study examining the factors associated with nurses' decisions to leave employment, Francis-Felsen et al., (1996) surveyed nurses in US nursing homes who intended to stay at the nursing home where they were employed (n = 147), and those who intended to leave (n = 45). Overall, 9 of the 20 factors that were examined were found to be significantly associated with nurses' intentions to leave. Seven of these were job-specific factors or dimensions of job satisfaction: perception of the supervisor's interest in the nurses' career aspirations, number of friends among staff, travel time to work, professional status, autonomy, interactions with other nurses, and pay levels. In contrast, personal characteristics of nurses, such as age, marital status, or previous experience were not found to be associated with decisions to leave. Limitations to the study include the small sample size of nurses intending to leave, and the differences between intention to leave and actual leaving. However the findings provide valuable exploratory information on the factors that may contribute to nursing shortages in aged care. The authors discuss the implications of these findings in terms of the control that nursing administrators may have over the factors found to significantly contribute to desire to leave, suggesting that there are opportunities for managers to make workplace changes that would improve the retention of nurses.

McDonald (2001) found from a survey of 435 Directors and Deputy Directors of Nursing, that 74% believed nursing work in aged care posed some occupational health and safety (OHS) risk to nurses. 62.5% reported increase in absenteeism due to workplace stress. 86.7% indicated that workload and stress had increased over last 12 months, and 87.1% had difficulty recruiting qualified nurses, especially registered nurses, and that nurses were resigning due to perceived lack of career prospects, heavy workloads and the poor professional image associated with aged care nursing. Around 60% of these senior nurses in management positions reported decreases in job satisfaction over last 12 months & of these 30% reported this decrease to be significant.

Issues that need attention by the Commonwealth Government:

- The resident classification system (RCS)
- Funding
- Nursing in the Sector
- Accreditation
- Wage parity and working conditions
- Segregation of funding for staffing and care hours
- Staffing levels and skill mix
- Concessional resident ratios

In an unpublished report to the Aged Care Workforce Committee (ACWC; 2000), a number of factors were identified that may improve the retention and recruitment of qualified nursing staff in aged care homes. Research by Aiken and Havens (cited in ACWC report) has identified several features of successful homes, termed 'Magnet' nursing homes, that provide high quality nursing care and have less difficulty in retaining and attracting staff. The research has indicated that magnet homes tend to prioritise the following: self scheduling; flexible workplace practices; control by nursing clinicians; mentoring programs to provider support; recruitment in local areas; and an emphasis on excellence and provision of quality care. These factors promote a professional context, whereby nurses are provided with support and greater control. This is proposed to build a sense of satisfaction and loyalty within institutions that minimises attrition and provides an attractive employment opportunity for new nurses. The Magnet Nursing Services Recognition Program was developed in America to recognise excellence and provision of quality long-term care within homes. Benefits to this form of recognition include enhanced community appreciation and support of homes and their nursing services and increased ability to recruit and retain staff into aged care.
Continuing education and training

A study by Robertson, Higgins, Rozmus and Robertson (1999) has indicated that nurses who participated in more continuing education indicated a higher level of job satisfaction. Nolan and Keady (1996) have contended that a planned program of staff development and education should be viewed as one of the hallmarks of a quality long term care environment and included in registration and inspection criteria. It is argued that effective training is beneficial for staff and older people in long term care, however there is a need for a careful balance between technical, behavioural, cognitive and affective elements, with training comprising part of a planned and coherent program.

Improving workplace satisfaction

It has been suggested that the negative image of working in long term care will not change until those working in this setting find pride in their place of work and satisfaction in the services they are providing (Nolan & Keady, 1996). Further, staff need to be able to ascribe meaning and value to their work in order to sustain their job satisfaction and morale.

A study by Fisher-Robertson and Cummings (1994) examined the factors that satisfy nurses in long-term care, and factors that contribute to retention in long term settings. The findings indicated that the most highly rated factors that satisfy nurses in long-term care included recognition from the patients, the challenge of the work, and the authority to exercise judgement for patient care. Other important factors included positive interactions with colleagues, autonomy and primary responsibility for care, and relationships with families. The most important factors contributing to retention included relationships with colleagues, available support staff, authority to exercise judgment in patient care, challenge of the work, adequate nurse to staff ratios, support for administration and adequate supplies and equipment. The authors concluded that creative strategies for the retention of nursing staff are needed to make long-term care a more attractive and satisfying practice setting.

3.3.2 Recruitment of Nurses in Aged Care

Low status of aged care

The low status and image of aged care nursing is a major contributor in the difficulties experienced in recruiting and retaining nurses. Burke (1998) discussed the difficulties associated with gerontology often being viewed as unchallenging, unrewarding, and a place where nurses lose their clinical and technical skills. The draw of more technologically oriented setting such as ICUs and coronary care and the lack of gerontological role models result in aged care remaining as one of the least preferred options for graduates. Burke (1998) has suggested that future implementations to enhance image of the field include joining forces with seniors organisations to advocate the rights of older people, educating the public, and lobbying for the inclusion of gerontological nurses on federal, provincial and municipal Government committees. Certification needs to be supported to enhance professional recognition. In addition it was argued that funding and support for gerontological nursing research must be increased to expand the knowledge base but demonstrate positive patient outcomes.

Gerontological nurses are pivotal to residential aged care: they manage facilities, assess care needs, plan and coordinate care, deliver care, supervise others who deliver care, and evaluate the effectiveness of care. However Pearson, FitzGerald and Walsh (2000) have argued that professional nursing has, to it's own detriment, probably contributed to its own increasing devaluing through:
● its denial of the valuable role played by a wide range of people who carry out nursing acts;
● its failure to value nursing knowledge and skills;
● its failure to gain recognition for the knowledge and skills held by professional nurses; and,
● its still somewhat ambivalent feelings about research and the development of nursing science.

A longitudinal study of nursing students from five NSW universities has indicated that students' intentions to work in aged care decreases as they progress through their pre-service programs (Stevens & Crouch, 1998). The students regarded areas that require a manipulation of technology (e.g., surgical wards & intensive care) as the 'real' role of nursing. Discussed was the tendency for university curriculum and teaching staff to be predominantly focused on the technological nursing areas (whether due to staff background, expertise or preference), thereby establishing and maintaining a high-tech nursing culture.

In addressing strategies to improve retention and increase recruitment of nurses, Drugay (1991) discussed the importance of issues surrounding the recruitment of nursing students, the allocation of role-appropriate responsibilities for nurses, wage parity and improved staffing levels in long term care homes. Drugay indicated the importance of improving the image of nursing in general and in long term care, to attract students into professional nursing degrees. Drugay suggested that by fostering strong relationships with nursing schools and providing clinical training, long term nursing homes may impact on the number of students that later choose to enter the field.

Nay, Garratt and Koch (1999) identified a number of strategies to change the image and status of aged care:

● Establishment of clinical chairs and professional units in gerontic nursing.
● Appointment of senior staff who can model positive attitudes and practices.
● Development of promotional videos.
● A national Government funded workshop to identify contributory issues and offer suggestions for change.
● A national conference conducted under the auspices of the RCNA to advance discussion and development of positive strategies.
● Establishment of clinical development units in aged care environments.
● A national Government strategy to promote positive ageing and similar state Government strategies.

The authors emphasised the importance of changing work practices to engage registered nurses in a positive attitude toward work in the field and develop a level of competence that meets specialist practice. Nay, Garratt and Koch (1999) indicated that young staff need a career pathway that rewards clinical skills and encourages specialization.

Roles and responsibilities

Drugay (1991) also identified the importance of adequate staffing levels and assignment of clear role-appropriate responsibilities for nursing staff, to retain current registered nurses in the US. The increasing pressures on Registered Nurses to fulfill multiple roles in the workplace, such as administrator, receptionist, housekeeper and security officer, are being encountered due to reduced funding. Registered Nurses are often the only skilled nurse on shifts at homes, and in some circumstances Licensed Practical Nurses are given the responsibilities of a Registered Nurse. Increased responsibilities and expectations are often resulting in burnout and increased attrition, due to a lack of recognition that staffing levels that were sufficient in the past are not adequate in enabling nurses to meet the current increasing needs of residents in long-term care homes.
Ageism

Gething (1999) argued that ageism (generalisations about age groups, including negative stereotypes of older individuals) is endemic in the health care sector, and that aged care is viewed as a low status option for those entering health professions such as nursing. Education is argued as a major source of negativity towards aged care, resulting in students regarding aged care as an unrewarding, unpleasant and undesirable field of work. Gething (1999) provides a framework for education that promotes aged care, without denying factors such as funding cutbacks and workplace conditions that impinge of the perceived desirability of the sector. Her recommendations for courses include:

**Undergraduate:**

- Provide information that dispels the negative stereotypes of older people, and positive role modeling by academic staff.
- Provide information on healthy ageing, to enable professionals to differentiate between healthy ageing and pathological conditions.
- Inclusion of ageing issues in course curriculum, and offer specialised courses on ageing.
- Provision of clinical experience, with contact with a range of older people (healthy and ill).

**Continuing and post-graduate:**

- Provision of ongoing education for practicing professionals entering or currently working in aged care.

In contrast, a study investigating attitudes and stereotypes held by nurses who work with older people indicated that the lack of desire for nurses to work with older individuals was not due solely to negative attitudes towards ageing (Pursey & Luker, 1995). The high dependency levels of older people and the structure of aged care nursing work were found to result in fewer nurses viewing aged care as a positive career option. Contrasts and tensions between nurses' positive views of older people, and negative views of the structural context of aged care work were concluded to contribute to nurses’ decision not to enter into the aged care sector.

In support of this study, a survey of nurses, physicians and social workers pre and post training was undertaken to explore attitudes towards caring for the elderly (Saarela & Viukari, 1995). The most positive attitudes were found in the reference group formed by nurses specialising in psychiatry. The groups regarded physicians as having the least interest in geriatric care while social workers felt to have the greatest willingness to care for the elderly.

**Undergraduate education**

A longitudinal study by Fagerberg, Winbald and Elkman (2000) followed students through the duration of their nursing course, interviewing the students at the end of each year about their experiences in residential aged care. The factors likely to encourage students to choose to work in residential aged care after graduating include: a positive clinical experience; a positive experience with a preceptor; and meeting residents with many different conditions, thereby presenting opportunities to learn a lot and provide individualised care. In contrast, the factors likely to discourage students from selecting residential aged care settings as their workplace include: caring...
for residents with the same care needs over a long period of time; the pace being too slow; working alone without support; and working in a workplace with poor resources and staffing levels.

The importance of undergraduate learning and practical exposure to aged care is highlighted in a study investigating nursing students' choices for work following graduation (Fagerberg, Winbald & Ekman, 2000). They found that students receive contradictory messages during the education in elder care. They found that nurses working in this field were often isolated with no support system, which in turn reinforced their own ambivalence and reluctance towards future work in aged care.

Barron (2000) discusses the implications of the integration of gerontological nursing in undergraduate curriculum, indicating that "It suffers the risks all integration does: When everybody is expected to do it, then nobody may do it well. But if it is not done well at the undergraduate level, then graduates are not likely to work with elderly individuals in life after graduation, nor are they likely to pursue advanced degrees in that area". Barron identified several suggestions for the education setting to improve recruitment in aged care:

- Increasing the minimum standards for the number of Registered Nurses in nursing homes.
- Providing more opportunities for formal gerontological nursing education.
- Development of further teaching nursing homes.
- Highlighting gerontological nursing as a positive field and career choice.
- Increasing support for gerontological advanced practice nursing.
- Promotion of collaborative gerontologic research.

Lack of professional recognition: pay disparities and image of aged care

Macri (2000) discusses the shortage of registered nurses across the whole spectrum of health care, with perhaps the most contentious sector being aged care, due to salary disparities between aged care and acute sectors. She addresses the need to promote the image of aged care, value nurses in the field, and present aged care amongst professional colleagues as a challenging and rewarding field of work.

Structured career paths

Tishman (1993) argued for articulation between levels of nursing qualifications to provide clear pathways for career development and a reward system that recognises education, experience and productivity. This author stressed the need for consensus in nursing competencies in long-term care, and using these competencies as the basis of models that recognise past experience for credit waivers, to encourage and facilitate career development. Other recommendations included incentives such as flexibility in shifts, assignments and responsibilities, provision of childcare, transportation, tuition benefits, promotion of long-term care to secondary students and the development of scholarships.

Collaborative efforts to address nursing shortages

Stein et al's (2000) paper described a collaborative effort in NSW to address recruitment difficulties in aged care, involving 20 aged care homes and organisations. Collectively they promoted aged
care to schools and a range of nursing gatherings. Stein also described a collaborative process in the development of educational workshops and new graduate education programs with tertiary recognition. Also introduced was a NSW New Graduate Consortium interview process to recruit for all member agencies, and prepare the workplace and workplace preceptors for the arrival of new graduates. Emphasis was placed on the need to support and encourage new graduates. An alumni was introduced to provide mutual support, to enable networking and sharing of educational experiences.

**Multi-factor approach to recruitment**

Recent studies have identified numerous factors that contribute to recruitment difficulties, and changes that are required to improve the attractiveness of aged care. In one such study, Robertson and Cummings (1996) undertook an examination of factors contributing to recruitment difficulties, by asking a sample of 604 registered nurses from around the country: "If you had complete control and unlimited resources, what would you do to make practice on your unit more attractive to other nurses?" Several important factors were identified: having enough qualified, dedicated staff; supportive and competent administration; competitive salaries and benefits; functional, attractive facilities; improved professional and public image; a caring, supportive environment; realistic regulations; decreased paperwork; progressive nurse practice models; and opportunities for educational advancement and career growth.

Nay and Closs (1997) undertook a thematic analysis of data obtained from focus group discussions and interviews with registered and enrolled nurses from Victorian nursing homes, to identify key issues related to recruitment and retention in aged care. The analyses identified several key themes: the negative image of aged care, lack of opportunity for education and professional development, poor relationships, communication and support amongst staff and management, and negative work practice issues, including staff shortages and poor skills mix, lack of funding, difficult work, and poor remuneration. Key issues and recommendations emerging from the research included:

- Need to develop/evaluate practice models to appropriately match staff skills with client needs.
- Increase collaborative efforts between educational institutions and aged care facilities.
- Promotional work towards presentation of aged care as a positive career opportunity.
- More structured support for nursing staff.
- Providing aged care educational experiences early on for undergraduate students.

Problems in recruiting and retaining sufficient qualified nurses in aged care reported by Nay & Closs (1999) are clustered into 4 major themes: image of aged care; personal issues of staff; education/skills issues; work practices and conditions. Recommendations for tackling these issues include:

- Public campaigns to combat ageism within the general and professional health care community.
- Drive to recruit more men in aged care nursing, reducing the extent to which aged care is viewed as supplementary work for mothers.
- Collaborative educational programs that provide positive practice experiences.
- Positive recognition of aged care nursing in undergraduate programs.
- Scholarships and financial recognition of educational qualifications.
- Role differentiation and clear practice models for qualified and unqualified staff.
- New roles for gerontic nurse practitioners and gerontic nurse specialists.
- Research and development of new documentation models.
- Provision of evidence and support to employers that registered nurses and valuable/necessary to their organisation.
Attractive remuneration packages, balanced with benchmarking best practice.
Modern management practices, providing opportunities for excellence, research, education, autonomy and job satisfaction.

3.3.3 Recent Australian Nursing Workforce Studies

The number of recent studies reflects current concerns about recruiting and retaining nurses. This section presents reviews on current Australian Nursing Workforce Studies.

Commonwealth Department of Health and Aged Care, Recruitment and Retention of Qualified Nurses in Residential Aged Care, 2001.

A recent study undertaken by Pearson, Nay, and Koch (2001) examined the factors that contribute to the rising attrition rate of qualified nurses in aged care, and strategies to increase retention and recruitment in the sector. A number of key issues were identified, and a series of recommendations developed to address the changes required to improve staffing in the residential aged care sector, including:

- Strategies to promote the creation of a supportive work environment in aged care.
- Collaboration between aged care homes and education providers to develop management training programs.
- Encouragement for nurses to undertake advanced studies, and recognition of these achievements.
- Strategies to move towards wage parity across sectors.
- Establishment of guidelines for optimal skills mix.
- Collaboration between the Government and media to improve the image of aged care.
- The development of an agreed structure for career progression.
- Funding for a national research program.
- Establishment of a national re-entry program for nurses wishing to return to nursing.

Ministerial Taskforce, Queensland Health Nursing Recruitment and Retention Study, 1999

This broad-based consultative study considered all nursing specialties, including aged care and draws similar conclusion to those studies carried out in other States. Some recommendations (recommendations 54, 55 and 56) are aged care specific:

- that Queensland Health set a strategic direction for aged care service delivery which includes the role and functions of Registered Nurses, Enrolled Nurses and assistants in nursing;
- that aged care nursing specialists be available within each Queensland Health Zone, to provide consultancy and mentorship of aged care service delivery; and
- that Queensland Health investigates the establishment of a Queensland Chair of Gerontological Nursing.

The need to support, promote and develop Queensland nursing leadership is seen as crucial. Recruitment and retention in rural and remote areas is of particular relevance with more than 50% of the population residing outside Brisbane.

An Aged Care Issues Paper included in the Report outlines key aged care nursing issues in relation
to workforce planning, education, organisation (lack of support structures, career pathways, increased workloads etc) and recruitment.

New South Wales Nurses Association Nursing Home and Hostel Workforce Study, 2000

This study examined staffing levels and skills mix in aged care homes in NSW surveying 443 homes 3 times. Of these 269 homes, approximately 60% responded. This represented 15,207 residents, of whom 98% were in the high level of care categories.

A reduction in personal care hours following Commonwealth Deregulation in 1997 was reported by 42% of respondents to the first survey (1998), and this figure fell to 30% for the second survey and 28.7% for the third. In surveying hostels (282 of them) the report noted that there has been a doubling, over an 18-month period, of the residents requiring 'high care'. Hostel managers or supervisors who were Registered or Enrolled Nurses constituted 56.3% in the second survey, and 62% in the third. It is a poorly conducted study, with little or no analysis/interpretation of its findings. The report concludes that: "New funding arrangements may have impacted on nursing/personal care hours which directly affect standards of care".

New South Wales Health Department Workforce Planning Branch Estimation Of Requirements For And Supply Of Registered Nurses In The NSW Nursing Specialty Workforce Groups Of: Rehabilitation, Paediatric And Aged Care Studies, 2000

This study described estimates for the requirements and supply of rehabilitation, paediatric and aged care nurses in the NSW health system. Demographic trends impacting on aged care include admissions to NSW public hospitals, whereby the number of aged persons (65 years and over) will increase from 782,260 in 1996 to an estimated 905,770 by 2006, a growth rate of 1.6% p.a., higher than the total estimated population growth for that period of 0.9% p.a. There will be a differential growth for different age groups over the period, with those over 85 years increasing by 6.1% per annum.

The study showed wide variation between the supply and requirements for each of the four specialties, and in aged care nursing, the projections showed an increasing divergence between supply and requirements, with both qualified and unqualified nurses becoming increasingly in under-supply over the projected period. The dynamics of the aged care nursing workforce that contributed to this result included the following:

- Only 2.1% of supply was from migration from interstate and overseas and new graduates, compared to double this proportion for rehabilitation and acute paediatrics.
- There is a very low rate of nurses recently qualified in geriatrics/gerontology who enter aged care (0.6%).
- There is a much lower rate of lateral entry from other nursing areas (15.4% compared to 23.9% to 39.5% for the other groups).

The reason that this has not resulted in a greater supply problem to date is due to the relatively low wastage rate from aged care compared to the other specialties. The comments made by the reference group suggest that aged care has become a point of re-entry to the nursing workforce for nurses seeking to enter nursing. It is not seen as an attractive area to work in and therefore the level of lateral entry from other nursing areas is low.

It may be the case that the workforce is characterised by one group who have stayed in aged care and often become Directors of Nursing in residential aged care homes; and by another group who
are using aged care as a gateway to re-enter other areas of nursing. This is supported by the average age of Registered Nurse in aged care, at 45.6 years compared to 41.2 years for the total workforce. Four key issues were identified:

- Whether entry/ re-entry to the unqualified aged care nursing workforce from the general Registered Nurse pool will be able to increase to feed the shortfall identified.
- Work practices: as other areas of nursing increase flexibility of work arrangements, competition for Registered Nurses re-entering the workforce will increase, and it may be more difficult to attract these Registered Nurses to a specialty area which is often viewed as a less attractive area of nursing.
- How will the skills mix in the aged care nursing workforce change over time? A move to greater numbers of Enrolled Nurses, assistants in nursing, and other carers may offset the need for the projected numbers of unqualified nurses.
- There is a need to identify the desired skills mix for the aged care nursing workforce.

There is some discussion (and differing views) in the report in relation to the adequacy of supply of Enrolled Nurses in the aged care sector, and Enrolled Nurses were thought of as poorly utilised with their roles becoming increasingly usurped by assistants in nursing.

Office Of Chief Nurse, Department of Human Services, South Australia Aged Care Nursing Requirements Study, 1999

- This report is based on an analysis of workforce data carried out by Department of Human Services staff. Key recommendations of the report include:
  - The importance of the provision of education for aged care nurses at a variety of levels remain a priority within South Australia.
  - Universities to continue working with the aged care industry and the community in the development of aged care programs and curricula.
  - A forum be established for key stakeholders (e.g., aged care employers, professional associations, education providers) to further explore the issue of aged care competencies.
  - Prior learning and experience within aged care nursing be recognised and appropriate status given within approved programs.
  - The experience and expertise of aged care nursing staff be recognised and utilised particularly in enhancing preceptorship opportunities for students.
  - The promotion and development of the Nurse Practitioner role within aged care is recommended based on its expected positive impact on the perceptions and resident outcomes of aged care.
  - Greater recognition is encouraged throughout the industry that graduate nurses are competent to be employed within the aged care sector.
  - Directors of Nursing and managers of aged care homes develop strategies to support and encourage the increased participation of all aged care nursing staff in continuing education and professional development.

Department of Human Services Victoria Recruitment and Retention of Qualified Nursing Staff in Long Term Care of Older People Study, 1999

This study used thematic analysis of information gained in focus groups to identify strategies that would facilitate the recruitment and retention of qualified nurses for aged care. Issues identified included image, relationships, educational preparation, industrial and workplace influences including skills mix and other professional issues. A total of 36 recommendations covered a range of
professional development issues, all represented to some degree in previously reviewed reports.

Commonwealth Department of Health and Aged Care, Good Practice in Rural, Regional and Remote Aged Care, 2001

A project is currently being undertaken to investigate the quality of aged care practices in rural and remote areas. The project involves producing case studies of 24 residential and community aged care services. The focus of the project is to identify services that are considered to be performing well, and establish strategies to improve other aged care services. Findings have indicated that recruitment and retention of qualified nurses is a common challenge faced by rural and remote aged care services. Emphasis on staff education and provision of scholarships and other incentives including above award pay rates were strategies identified as successful in retaining and recruiting qualified staff.

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Australian Aged Care Nursing:
A Critical Review of Education, Training, Recruitment and Retention in Residential and Community Settings

4. Synthesis of Key Findings from the Critical Review

4.1 Education and Training
4.2 Retention
4.3 Recruitment
4.4 Conclusion

4. Synthesis of key findings from the critical review

4.1 Education and Training

The following section provides an overview of the key findings from the critical review and a number of suggestions for future directions in the education and training, and the improvement of retention and recruitment of nurses in aged care.

4.1.1 Pre-service and undergraduate education

Key issues identified in the literature relating to the presentation of aged care in undergraduate and pre-service education included: increased exposure to aged care topics and experience; more positive exposure to aged care environments and issues surrounding healthy ageing; and the use of appropriately qualified teachers (i.e., those with aged care experience).

Exposure to aged care in undergraduate courses needs to be a quality and positive experience. To assist this aim, the preparation of nursing homes to be appropriate educational environments is a key factor in successfully providing a positive experience of aged care. All such experience in clinical placements in any program should be preceded by appropriate education about older people, the problems they face and learning how nurses may manage difficult situations. The literature also suggests that a greater focus on recruiting males into pre-service and undergraduate courses is required and that a clearer articulation between enrolled nurse programs and undergraduate degree programs should be developed.

4.1.2 Improving continuing education and training opportunities
The literature has indicated numerous positive outcomes from continuing education and training. Access to education and training for nurses increases their skills and knowledge which, in turn, improves the quality of care and thus improves work satisfaction. The provision of advanced education and training for nurses has the potential to improve their status in the community, supports career advancement; and the effective training of other direct care staff reduces the stress of supervision by nurses.

4.1.3 Collaborative education

A key issue identified in the literature was the importance of collaboration between educational institutions and industry. Teaching nursing homes; one of the more recent innovations in the aged care sector are promoting closer collaborations between clinicians, managers, teachers, students and researchers. It is envisaged that this close collaboration will ultimately reduce the current costs being faced by universities for clinical educators.

4.1.4 Interdisciplinary approach to aged care

A number of educational institutions have addressed the need to adopt an interdisciplinary approach to the provision of aged care, including nursing, medicine, and social work approaches. This holds the benefits of providing holistic care to older individuals, taking into consideration knowledge, research, and best practice from a range of disciplines. The literature indicates that a key focus of quality aged care provision involves the input from a range of health professionals. Education and training programs that address this need allow new nursing students to adopt a more cooperative and holistic approach to providing care.

4.1.5 Re-entry and refresher training

Re-entry and refresher training was addressed in the literature as a positive influence in increasing recruitment of nurses back into the aged care workforce. Recent research has provided a number of recommendations for the further development of re-entry training courses in aged care, as a direct strategy to increase the number of nurses returning to the workforce. Recommendations included the establishment of a national, aged care specific nurse re-entry model.

4.2 Retention

4.2.1 The work environment

The lack of a supportive work environment is highlighted in the literature as a major influence on staff morale. The creation of a supportive environment involves adequate supervision, access to professional and emotional support, provision of opportunities for stress management, establishment of systems that provide feedback to staff (such as regular staff appraisal), and the presence of strong professional leadership.
4.2.2 Career progression in the aged care sector

Recent research has indicated the importance of recognition of qualifications, provision of opportunities for professional development, and structured career progression within the aged care sector is essential in retaining qualified staff and recruiting new nurses to the field.

There has been a lack of literature addressing these issues, however recent Australian workforce studies have been increasingly identifying the need for a recognised career structure within the aged care sector. Research suggests that a career pathway in aged care for Registered Nurses will increase levels of recruitment and retention.

4.2.3 Improving staffing levels and achieving an appropriate skills mix

Studies investigating and reviewing appropriate skills mix of staff in aged care have been reported in recent research, and there have been broad guidelines published as a result of this work. An appropriate skills mix is particularly important in a sector where there are a number of different levels of nurses and care staff with varying skill levels. Similar to inadequate staffing levels, an inappropriate skills mix will impact on work satisfaction, recruitment and retention of nurses.

The literature reports that low levels of staff numbers have an impact on not only the level of care provided to older people, but staff job satisfaction and morale. Appropriate staffing levels in the aged care sector need to be examined further and the results of this examination be presented to industry stakeholders for consideration and implementation.

4.3 Recruitment

4.3.1 Emphasising a model of wellness

The wellness model is promoted in aged care for its emphasis on dignity, maximising independence in daily living, promoting, maintaining and restoring health, and allowing the resident to maintain control of his or her life. This is promoted in response to the commonly held perception that aged care is as a field whereby there is little opportunity to 'cure' patients and see them recover from medical problems. Whilst this model exists, greater promotion amongst the wider community to increase recruitment of nurses into the aged care sector.

4.3.2 Low status

The broader context to the promotion of the wellness model is the low status of aged care nursing. Although both aged care and acute care sectors have significant difficulties in recruiting nurses, aged care experiences greater staffing difficulties, as it is often perceived to be the poor cousin of acute care nursing. Aged care is typically viewed as a field that lacks glamour and excitement, and
often receives very poor media presentation. There is minimal research addressing these issues, however studies investigating perceptions of ageing and working with the aged indicate that the low status of aged care nursing may be more attributable to workplace issues than caring for the aged themselves.

4.3.3 Generating professional recognition

A common theme in the literature is the lack of acknowledgment within the aged care sector, general nursing community, and by the general community of the complexity of knowledge and skills needed for the effective and appropriate nursing of older people. This is supported by the low enrolment rates of students in specialist postgraduate courses, and the expectation that to work in aged care does not require specialist postgraduate education or training unlike the expectations placed on intensive or emergency care nurses. This leads to the recognition that to work as a nurse in the aged care sector is a low-status role.

This is further supported by the disparity between rates of pay for aged care nurses and acute care nurses which clearly acts as a major obstacle to recruitment and retention of nurses in the aged care sector.

4.3.4 Establishing a national research program in aged care nursing

Establishing aged care as an area of practice that utilises evidence derived from well-designed research and promotes innovation and its rigorous evaluation is likely to improve the status of aged care and to improve recruitment and retention. A nationally competitive research funding scheme would promote research activity in the sector, increase evidence to improve care and increase the status of aged care nursing.

4.4 Conclusion

The results of this critical review suggest that a number of issues surrounding the education, training, recruitment and retention of nurses require attention if the ongoing needs of providing a nursing service in aged care are to be addressed.

All sectors of the health care system continue to experience difficulties in recruiting suitable staff to deliver effective and appropriate personal care and nursing care and this is very apparent in the aged care sector. The current structure of the nursing team (registered nurses, enrolled nurses and nursing assistants in continuing and community care) appears to be an inappropriate structure in terms of providing employers with staff to provide adequate levels of personal and nursing care. In all Western countries, the recruitment of registered nurses is problematic and is likely to remain so for the foreseeable future. Changes in gender roles and the resulting expansion of career opportunities for women that have lead to a decline in the number and quality of entrants to undergraduate nursing programs; the rise in technology in health care that has increased the demand for flexible, skilled direct-care staff; and the professional resistance to changing the composition of the nursing team that has prevented the introduction of new approaches to nursing service delivery have combined to create a situation where the need for nursing and personal care has become increasingly difficult to meet.
Historically, most Western health systems have faced similar difficulties and have responded by creating various levels of care providers. In the United Kingdom, the State Enrolled Assistant Nurse (SEAN) was introduced in 1948 and was subsequently renamed the State Enrolled Nurse, before abandoning the role in the 1980s. The plan then was to create a small cadre of highly qualified nurses - State Registered Nurses - to lead nursing teams made up largely of SENs and untrained Nursing Auxiliaries. Because trainee SENs - known as pupil nurses - were less easy to recruit than student nurses, the UK strategy failed to meet the objective of providing a viable workforce. Currently, the UK now recruits and trains large numbers of Health Care Assistants (HCAs) who work alongside Registered Nurses. In North America, numerous attempts have been made to meet the need to provide nurses. In most US states and Canadian Provinces, a plethora of nursing roles have been developed. Registered nurses (who may have completed a two-year associate degree, a three-year diploma or a four-year degree) are assisted by Licensed Practical Nurses, Licensed Vocational Nurses, Nurses Aides and Personal Care Assistants.

In Australia, the Registered Nurse is generally assisted by Enrolled nurses, who have completed a one-year VET course and by nursing assistants. The role of the enrolled nurse is now seen to be too restricted and, even though their education and training is at the most basic level, there is increasing pressure from Governments to extend the role of the enrolled nurse to include the administration of medications and the assessment of nursing needs and prescribing nursing care.

Employers in aged care, facing as they do, continuing difficulties in recruiting staff capable of delivering safe and effective nursing and personal care, are eager to engage in innovative approaches to staffing nursing services but there is insufficient industrial, professional and educational leadership to generate innovative approaches to deal with the recurring problems of providing enough nursing staff to meet the health needs of the population.

The profoundly low job satisfaction felt by nurses as a factor in retaining and recruiting nurses to the aged care sector is emphasised in the literature and the lack of a supportive work environment is cited in many studies as a major causative factor in the area of morale and this is supported by the findings of this study. Staff shortages are reported to have compounded the low morale experienced and overworked nurses express their inability to provide quality resident care, thereby reducing their own estimation of personal professional effectiveness, and self-esteem. These factors result in endemic low morale and poor image which appears most profound in the aged care sector. Recruitment therefore becomes problematic as women in general, and nurses in particular, seek employment opportunities that are more rewarding emotionally and financially.

Another common theme in the literature is the lack of acknowledgement within the sector and the general community of the complexity of knowledge and skills needed for the effective and appropriate nursing of older people. This is reflected in the low participation rates of aged care nurses in specialist award courses in gerontological nursing and the generally accepted view that, whilst acute care nurses such as those in intensive care or emergency require specialist postgraduate education and training, no specialist, advanced knowledge or skills are required to nurse older people. This lack of recognition of expertise serves to devalue the role and, thus, render aged care nursing a low-status pursuit.

The disparity between rates of pay for aged care nurses and acute care nurses clearly acts as a major obstacle to recruitment. Generally in the recruitment and retention literature, the evidence suggests that salary in itself plays a less important role in recruitment and retention than is often assumed. However, the literature suggests that a 20% difference in salaries between acute and aged care sectors in some states acts as a major disincentive for nurses.

All of the studies reviewed suggest that the image of aged care and of older people is a major obstacle to recruitment and retention. It is difficult to ascertain how this can be overcome and few studies identify successful strategies to improve the image of aged care.
Education and training play a number of roles in increasing the recruitment and retention of nurses. Access to education and training for nurses increases their skills and knowledge which, in turn, improves the quality of care and thus improves work satisfaction; the provision of advanced education and training for nurses improves their status in the community and supports career advancement; and the effective training of other direct care staff reduces the stress of supervision by nurses. Currently, there is no clear, articulated approach to education and training in the sector and inconsistency exists in the recognition of advanced education and training. This inconsistency means that there are few incentives for nurses to pursue advanced education and training. A structured and well understood education and training profile in aged care will increase work satisfaction and could be an important marketing tool in recruitment.

Establishing aged care as an area of practice that utilises evidence derived from well-designed research and promotes innovation and its rigorous evaluation is likely to improve its status and to improve recruitment and retention. Some provider agencies in Australia have already forged links with higher education institutions and established joint honours projects and modest scholarships; others have established clinical schools focusing on research. Research funding bodies such as the NHMRC have consistently failed to fund such endeavours, as their practical, applied focus does not coincide with the focus of existing research funding bodies. A nationally competitive research funding scheme would promote research activity in the sector, increase evidence to improve care and increase the status of aged care nursing.

Drawing on the literature, the Consultants conclude that the following strategies require consideration:

**Strategy 1**: A review of the structure of nursing and personal care teams in aged care (including roles and gender composition).

**Strategy 2**: Expansion of the role of the registered nurse in aged care.

**Strategy 3**: Consideration of an increase in the period of education and training for registered nurses to at least four academic years (i.e., 112 weeks).

**Strategy 4**: Expansion of the role of the enrolled nurse in aged care.

**Strategy 5**: Consideration of an increase in the period of education and training for enrolled nurses to at least two years and eligibility for high performing graduates to enter the third year of a four year degree program in nursing.

**Strategy 6**: Identification and implementation of strategies by the aged care sector to promote the development and maintenance of supportive work environments in aged care homes.

**Strategy 7**: Collaboration between The Royal College of Nursing, Australia, the Australian Nursing Federation, and other parts of the aged care sector and key stakeholders to develop a strategy to credential advanced practice aged care nurses.

**Strategy 8**: Higher education and training providers, in collaboration with aged care homes, further develop and market clinically relevant postgraduate programs in aged care.

**Strategy 9**: The aged care sector develop strategies to encourage nurses to undertake advanced studies in gerontological nursing; explicitly reward nurses who complete advanced studies; and develop roles to accommodate the specialised knowledge and skills of advanced gerontological nursing clinicians.
Strategy 10: Development of strategies to improve the image of aged care, involving collaborative efforts between the Commonwealth Department of Health and Aged Care, aged care sector and the media.

Strategy 11: Development of an agreed national education and training plan for aged care nurses by Industrial Nursing Organisations and other relevant parts of the aged care sector.

Strategy 12: Establishment and funding by the Commonwealth Department of Health and Aged Care and aged care sector for a national aged care nursing research program.

3In Victoria, Registered Nurses are referred to as "Registered Nurse Division 1" and Enrolled Nurses as "Registered Nurses, Division 2"; Nursing assistants are sometimes referred to as Personal Care Assistants of Health Care Assistants. In this discussion, Registered Nurse refers to a professional nurse who has completed a degree in nursing or a recognised certificate from a three year program conducted in a hospital school of nursing; Enrolled Nurse refers to a second level nurse who has completed a TAFE of hospital certificate course of 1 full time years duration. Nursing assistants currently receive no systematic education or training.
Australian Aged Care Nursing:  
A Critical Review of Education, Training, Recruitment and Retention in Residential and Community Settings

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Annotated Bibliography

Nursing Education and Training

Article: 1


Method:

Program description

Outcomes/recommendations/conclusions:

This article outlines the Mount Sinai Medical Center Geriatric Interdisciplinary Team Training Program (GITT), designed to prepare future health professionals; nurse practitioner trainees, social work students and medical residents, to work within interdisciplinary geriatrics teams and deliver quality care. The program aims to ensure that trainees have a shared knowledge base, attitudes, skills about teamwork and care of older people. The program offers two choices for training: an intensive training program and a less intensive program consisting of one-day workshops. The intensive training program consists of practicum-based experience and didactic curriculum, that are flexibly integrated in the course. For nursing students, the course length is typically 15 weeks in duration. Students also have the option of a comprehensive one-day workshop, offered 2-3 times each academic year. Topics covered in the course include geriatrics and gerontology, working in interdisciplinary teams, and managed care. The program uses a variety of teaching approaches, including team teaching, journaling, standardised patients, 'real time' experiences, one-day workshops and program enhancements.

The program has been running for two years, and its coordinators are continuing to assess and refine the program through ongoing reviews. The authors reported on the positive and enduring impact of the training program on the faculty and management team, clinical sites, and academic institutions involved in the program. The program has been reported as an impetus for a critical review of clinical teaching, precepting and team functioning in participating clinical institutions. In the participating schools of the academic institutions, geriatrics and gerontology have been given a 'heightened status', through the existence of the GITT program. Schools (social work) have also been reported to effect change in their curriculum, to identify gaps in learning related to ageing and interdisciplinary teamwork.
Article 2


Method:

Cross sectional survey of 1874 nurses registered with the Health Dept Australia, including nurses from nursing homes, agencies, and medical services.

Outcomes/recommendations/conclusions:

This study examined the gerontological learning needs of nurses working in rural areas of Australia. The findings indicated that overall, 64.7% of nurses worked regularly with elderly people. Only 41% had received some form of education specific to aged care. Nurses were asked to rate the relevance of the nursing competencies required to be a competent gerontological nurse. Forty-four competencies were identified by nurses, subdivided into 5 main areas: problem solving, ethical/legal, communication, collaboration, and nursing care. Seven specific competencies were identified by nurses as most relevant; legal knowledge, handling of disturbed patients, needs for continuing education, protection of patients' rights, prevention of harmful situations, accountability, and practicing in an ethical manner.

Overall, 46% of nurses were interested in undertaking an external educational package in gerontology, with 63% of nurses who regularly worked with elderly people indicating that they would be interested in the course. Nurses who were undertaking part-time or casual employment were more interested in interactive learning (including audio-visual materials) than those who were working full-time, who indicated a preference for text-based learning.

Article 3


Method:

Review of current professional development courses

Outcomes/recommendations/conclusions:

In a review of some current professional development courses in Australia, Illefe and Kennerson (1995) identified several postgraduate courses in the field of Gerontological Nursing:
The authors argued that specialty education in aged care is considered essential in ensuring quality care for older Australians, and that educational preparation for Gerontological Nursing is well established. However, changes to Australia's ageing population, health care delivery and promotion, and community support are all influencing the skills mix, and as a result, educational needs of those in aged care. The authors further argue that it is essential for education providers to ensure that course content is relevant to current practice and care delivery standards.

**Article: 4**


**Method:**

Evaluation of a training manual.

**Outcomes/recommendations/conclusions:**

The paper reports on the findings of an evaluation of a Trainer's Manual for delivering workshops to health care providers, primarily remote nurses, on standards of care for frail aged Aboriginal people. The workshop is designed to be run with small groups of up to 15 people, for approximately 3 hours depending upon the requirements of the group. The manual and workshop use a variety of educational techniques, including open discussions and brainstorming, case studies, and feedback.

The evaluation of the manual and workshop was based upon 4 workshops run by a trained nurse, for a total of 30 health personnel, including nurses and general practitioners. The feedback revealed mixed views, however the findings indicated that the majority of participants found the workshop methodology and format useful, and that the hypothetical case study was the most interesting and thought provoking section. Approximately half of the participants wanted to learn more, with two main areas identified; types of aged care resources available and how to access them, and cultural issues affecting caring for the aged.

**Article: 5**

Method:

Opinion paper and brief literature review on the use of literature as a teaching tool in gerontology.

Outcomes/recommendations/conclusions:

Gattuso (1997) indicates that literature is a successful teaching tool in nursing, and argues that the use of novels, poems, plays and short stories may facilitate students’ knowledge of the diversity of older people, and break the stereotypes held by students of older people. Gattuso encourages the use of two particular novels, 'Coda', and 'The Toucher' in encouraging students to develop an empathic understanding of the lives of older women.

Article: 6


Method:

A literature review on the professional educational preparation needed by nurses wishing to move from acute settings to community aged care.

Outcomes/recommendations/conclusions:

The literature reviewed addressed the specialist skills and knowledge that are required to provide adequate care for older adults; with a call for the development of gerontological nurse specialists who are able to demonstrate detailed knowledge of older people's health and social needs, and who are highly competent practitioners skilled in holistic care. A vast body of the literature has indicated the lack of aged care specific educational opportunities. Many nurses had undertaken nursing education at a time when little focus was placed on gerontology, and more recent concerns have also been expressed regarding the aged care knowledge and experience nursing educators, and inadequate course time spent on aged care in current nursing curricula. Lack of opportunities for post-registration aged care education was also noted in the literature. One study indicated that less than 25% of the staff in a number if nursing homes had undertaken any form of continuing professional education.

The authors conclude that there is little evidence to suggest an agreed plan of educational requirements for nurses wishing to prepare for entry into aged care. However several suggestions aged care education and training were identified in the literature, including; the multidisciplinary approach to meeting the needs of older individuals, and collaborative approaches by nursing educators that includes professional input from a range of disciplines in aged care settings, services and organisations. The literature also indicates a need for a flexible framework for education and clinical experience. The authors suggest that links between nursing homes and academic institutions may provide a potential for establishing further aged care education and training.
Article: 7


**Method:**

A convenience sample of 123 gerontological nurses in Britain, 152 randomly sampled gerontological nurses in the US, and 10 nursing experts were surveyed, to identify the perceived needs in gerontological continuing education. Nurses were asked to rate the needs for both themselves, and for nurses in general.

**Outcomes/recommendations/conclusions:**

Nurses indicated a need for each of the topics presented in the survey, with little consensus amongst nurses on the most necessary topics, which included; normal changes in ageing, death and dying, medications, health promotion, nutritional needs, safety/fall prevention, mobility problems, psychosocial issues and physical assessments. Each topic was listed by some nurses, within their 'top 5', suggesting the importance of a large range of specialty topics in aged care nursing. Overall, there was a greater perceived learning need for nurses in general, rather than the respondent's personal learning needs.

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Article: 8


**Method:**

Opinion article & description of one aged care course

**Outcomes/recommendations/conclusions:**

Smith outlined a 2-year project on education for Registered Nursing Home Association staff, that aimed to provide courses on the principals and practice of palliative care to nurses and other aged care staff. The palliative care course was developed upon three main areas that were identified at the start of the project by registered nurses working in aged care homes: the assessment and management of pain and other symptoms, communication skills, and support of families and colleagues following a bereavement. The educational team developed a problem-based reflective practice framework for the course that drew upon nurses' experiences. Each course was presented during 12 days over a 6-month period. Nurses were required to identify an area of practice that they hoped to change as a result of the learning. Therefore a 3-month gap in the course was provided, to enable nurses to adopt changes in their practice and report back on their progress and any issues that arose, at the end of the course. Participants indicated several benefits to the
course, including improved ability to cope with residents and family, increased confidence in raising issues, and improved understandings of the support needs of relatives. The author stressed the importance of designing a course that is specific to aged care homes and staff.