

NURSING STAFF SHORTAGES: ISSUES IN AUSTRALIAN RESIDENTIAL AGED CARE

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ABSTRACT

Like many other countries in the world, Australia is grappling with a chronic shortage of registered nurses (RNs). All areas of nursing are currently affected by shortages and high care residential aged care services are no exception. Selection, recruitment and retention of suitable staff to meet the complex needs of residents in aged care facilities are becoming increasingly challenging and must be addressed as a matter of priority. This paper explores the current nursing shortage, looks ahead to identify future threats to a viable nursing workforce in residential aged care, and raises some issues for future consideration.

INTRODUCTION

Residential aged care services present special challenges for nurses. With few exceptions they provide long-term residential care for frail older people. Though today's residents in aged care facilities require unparalleled levels of skilled nursing care, the staff mix is quite different to that found in hospitals and other health care settings, with markedly fewer RNs and most direct care provided by assistants in nursing or to a lesser extent, enrolled nurses (Jackson and Raftos 1997).

However, the increasingly complex nature of care required by residents in aged care facilities can put pressure on nursing staff. The literature hints at some tensions related to staff mix (Jackson and Raftos 1997; Nazarko 1997), and Edgson and Caird (1998) acknowledge that recruitment difficulties can make it difficult to establish an ideal skill mix in individual aged care facilities. Furthermore, RNs in aged care facilities can experience a sense of professional isolation as they frequently operate in a sole RN setting. Thus, it can be very difficult to access the benefits of collegial support from other RNs.

Issues relating to job security, prospects for professional advancement and a belief they will be asked to put profits ahead of patients are identified as contributing to problems associated with the recruitment of RNs in aged care settings (Nazarko 1997). Skilled RNs are vulnerable to being deemed redundant because of costs associated with their employment in residential aged settings (Fine and Stevens 1998) and this in itself may be a disincentive for nurses looking to choose a career path in aged care. Yet, despite the fact that an estimated 57% of direct care to older people is provided by untrained staff (Fine and Stevens 1998), there remains a high demand for skilled RNs in residential aged care settings.

IMAGE OF AGED CARE

Nursing in aged care has some image problems and these problems pervade nursing as well as the wider community. Residential aged care is caring focussed more than curative, and Happell (1999) refers to a dichotomy in which caring aspects of nursing practice are considered to be subordinate to the curative aspects of health care. The long-term nature of residential aged care means there is a low turnover of residents and discharge is not normally a realistic option - thus there is a view the care of older people is boring and without reward (Happell 1999).

Ageism is undoubtedly also an issue in-so-far as nurses who opt for a career in a residential aged care setting may feel they are seen as being less skilled and having a lower status than other nurses (Nazarko 1997; Happell 1999). Lueckenotte (2000) describes ageism as a form of prejudice against older people characterised by bigotry, intolerance and negative stereotyping. Perhaps a form of ageism can also taint people associated with aged care, as Nazarko (1997) states that nurses who work in aged care are considered to be less skilled than other nurses and are lowly placed in the nursing hierarchy.

According to the literature, educational programs have fostered a climate of negativism towards aged care (Eliopolous 2001) and this is supported by research evidence suggesting Australian undergraduate nursing students hold very negative perceptions about working with older people, and most place it at the very bottom of their list of preferences (Happell 1999). They cite issues such as boredom, repetition and negative past experiences for their reluctance to enter aged care (Happell 1999).

Aged care facilities themselves are considered undesirable work settings by some, because of perceptions they are very difficult in terms of physical work, and unrewarding in terms of job satisfaction (Nazarko 1997).

There is also the perception that aged care facilities are somehow isolated from mainstream nursing so opportunities to give and receive collegial support is reduced (Jackson and Raftos 1997). Regular media reports highlighting poor standards of care in residential institutions do nothing to enhance aged care, particularly residential aged care, as a career option for nurses.

VIOLENCE AND OCCUPATIONAL INJURY

Aged care is physically demanding and as with most types of nursing there is always a risk of occupational injury. Risks associated with mobilising residents, needlestick injuries and other environmental hazards are well known. However, violence against nurses is also a significant problem for aged care and has been linked to nurse absenteeism and resignation (Nabb 2000). Nurses are more likely to experience workplace assault than other health professionals (Carter 1999/2000), and the level of violence and assault against nurses is under-reported and

increasing (Erickson and Williams-Evans 2000). Though violent outbursts and aggressive incidents may be related to perceptual or behavioural difficulties of residents, violent or hostile attacks are not limited to residents themselves. Nabb's (2000) study of nurses (n=82) working with older people revealed that visitors were a major source of violence and aggression, with 59% of nurses in the study reporting at least one episode of verbal abuse in the previous 12 months, and 20% reporting physical violence from visitors on up to five occasions in the same period. This physical violence was most commonly in the form being pushed, hit or grabbed (Nabb 2000). Respondents in Nabb's (2000) study felt violence and aggression from visitors was associated with organisational issues such as low staffing levels and unachievable visitor expectations.

JOB SATISFACTION

Job satisfaction is known to be a significant factor in staff retention and though it is subjective in some ways there are certain issues that have consistently been associated with nurses' job satisfaction and retention of nurses in the workplace. These include factors such as workplace values, prospects for career advancement, workload and working conditions, nurse/patient ratios, professional autonomy, input in decision making, management styles, supportive and positive workplace relationships and a sense of belonging (Missener et al 1996; Leveck and Jones 1996; McNeese-Smith 1997; Mills and Blaesing 2000; Sheilds and Ward 2000; Winter-Collins and McDaniel 2000).

In nursing, job dissatisfaction has been associated with feeling unsupported and unrecognised, dislike of management styles, emotional fatigue, lack of opportunities for career progression, pay issues, workload and workplace relationships (Leppa 1996; McNeese-Smith 1997; Sheilds and Ward 2000; Aiken et al 2001). Quality of leadership, perceived managerial shortcomings in addressing problems and conflict with other nurses are also revealed as work-based stressors (Healy and McKay 1999; Fletcher 2001).

Organisational change can have a detrimental effect on nurses' job satisfaction. Restructures resulting in downsizing or revision of work practices can result in nurses feeling devalued (Droppleman and Thomas 1996; Fletcher 2001). Droppleman and Thomas (1996) describe nurses feeling powerless, and comment that many nurses 'feel caught in the maelstrom of today's health care environment - tossed about by forces we have no control over' (p.26). They go on to say that the nurses in their study felt excluded from momentous decisions and unable to effect change, and position these issues as a major source of job dissatisfaction (Droppleman and Thomas 1996). There is evidence to suggest that this is certainly true in aged care settings, and Nazarko (1997) describes several examples of nurses resigning from aged care

facilities, citing disillusionment and an inability to perform to their desired level because of organisational changes that had made their working lives untenable. When considering the costs associated with staff replacement and recruitment, it is surely false economy to initiate changes that will result in loss of skilled and experienced staff.

LOOKING AHEAD

There are two major threats to the future supply of nurses. Firstly, nursing is experiencing declining enrolments in undergraduate programs, and this is a worldwide phenomenon (STTI 2000; Fletcher 2001). Secondly, the nursing workforce is ageing. Worthington (1990, p.190) used the term 'nursing's demographic time bomb' to capture the crisis facing nursing. The ageing workforce is also an area of international concern, with evidence suggesting that 50% of RNs in the UK are aged 40+ (Wells and McElwee 2000) and the average age of employed RNs in the US is 42.3 years (Peterson 1999). Australia has a similar demographic, with 1995 figures suggesting that the average Australian nurse was then aged 39.3 years (Williams, Chaboyer and Patterson 2000). These figures suggest that a large number of nurses, perhaps as high as 50% of the current workforce will reach retirement age in 15 to 20 years. In some parts of the world 30% of the nursing workforce are expected to retire over the next six to eight years (Purnell et al 2001).

WHERE TO FROM HERE?

Like nursing generally, the aged care sector has many challenges ahead to ensure adequate supplies of skilled RNs. In view of the ageing nursing population, there needs to be a steady stream of newly graduated nurses entering aged care to replace nurses who are approaching retirement. Currently, it seems that new graduates are reluctant to enter aged care because of negative perceptions (Happell 1999). These must be challenged and replaced with positive perceptions about aged care as a valid and dynamic career choice. These negative perceptions are firmly entrenched, but there are various ways they may be challenged.

Eliopolous (2001) suggests undergraduate educational programs for nurses have contributed to the general negativity towards aged care. There is an onus then to critically review the way ageing, aged care and nursing in aged care are presented to students. Education providers also need to ensure their educational materials challenge pervading stereotypes and present a range of relevant images. Care must be taken to avoid contributing to ageism, both through educational materials and teaching/learning activities. Happell (1999) also suggests that students are reluctant to enter aged care because of negative past experiences, so there is also an onus on aged care facilities themselves to create more stimulating and dynamic learning environments for undergraduate

students on clinical placements. Thus, the stereotype that aged care nursing is boring and unrewarding may be undermined. Nursing students of today are RNs of tomorrow, and giving them a positive learning experience is an investment in the future.

Job satisfaction is a key variable in staff retention and as noted earlier in this paper, the opportunity for career development is identified strongly in the literature as being a crucial aspect of job satisfaction. It is important that nurses working in the aged care sector are availed of support and opportunities to develop professionally. There are many ways this can be achieved and, indeed, considerable efforts are already being made in this area by some organisations. Nazarko (1997) reports there are benefits to be had by investing in staff and supporting them in their educational and professional development. It is important nurses experience the workplace as a place of learning and professional development, because while people are learning and developing their skills, there is less likelihood boredom will become a problem.

Though not yet widespread, some aged care facilities have developed links and partnerships with educational providers and have conjoint staffing arrangements, even to professorial level, as a means of fostering a learning environment in the workplace. In the future these partnerships will continue to develop, and it may be possible that industry will contribute further to the professional development of their staff by providing scholarships for nurses who wish to progress their qualifications while remaining substantively employed in the aged care setting.

Workplace values are also identified as being an important aspect of job satisfaction. Nazarko (1997) identifies a belief that they will be asked to put profits before people as being one reason nurses cite for being reluctant to work in aged care facilities. This is a very important workplace value and there is a clear challenge to aged care proprietors and managers to demonstrate that people do come before profits. It may be timely for a comparative study of job satisfaction in 'for profit' and 'not for profit' facilities to be undertaken, to examine any differences in nurses' perceptions of satisfaction, as well as other indicators such as turnover of RNs.

Encouraging positive professional interactions between nurses employed in acute, community and residential aged care can only help nurses in these sectors to develop stronger professional identities and avail themselves of peer support opportunities. It may also reduce the sense of professional isolation that can occur for RNs in aged care facilities and contribute to positive workplace dynamics. This can be facilitated by providing opportunities for nurses to network through seminars, conferences and other workplace based meetings. Community nurses and nurse consultants can be invited into aged care facilities to assist in planning care for challenging residents and provide other support to staff.

There is also a challenge to develop strategies to reduce the risks arising from aggression and violence. Research findings suggest this issue is not getting enough acknowledgement or attention (Nabb 2000). Staff need to say no to violence in the workplace. Facilities should initiate measures to identify the frequency and explore the sequelae of aggression and violent incidents against staff. All attempts must be made to reduce episodes of violence and aggression, and to minimise negative sequelae. Aggressive residents should be managed in a way to minimise risk to staff and visitors who assault staff should be subject to criminal charges.

There is also a need to adopt managerial policies that are inclusive of nurses and to avoid organisational change that will negatively influence nurses' job satisfaction. Evidence from the literature suggests that non-consultation in change processes, particularly those that influence how nurses work, or the amount of care that can be given is likely to result in loss of staff (Dropleman and Thomas 1996; Nazarko 1997). This means nurses must be consulted in change processes and managers need to be mindful of the risk of loss of staff and consider this when doing cost benefit analysis.

CONCLUSION

Residents in aged care facilities require increasingly complex care and the need for qualified and skilled nursing staff has never been greater. Currently, nursing is experiencing difficulties in maintaining an adequate workforce and the ageing population (including the nursing workforce) means more challenges lie ahead. Innovative and creative strategies are urgently needed to improve the image of aged care nursing and promote aged care as a career specialty for nurses. Failure to do this will result in a crisis of care that will jeopardise the health and well-being of those requiring residential aged care.

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