

## FROM THE EDITOR - Dr. Jackie Jones, RN, PhD

### NURSING OLDER PEOPLE IN THE ACUTE CARE SYSTEM: A CLASH OF CULTURES OR A TIME FOR NURSING INNOVATION?

In recent weeks, I have been unfortunate enough to experience the loss of an older relative who had required care in an acute hospital.

Reflecting on the way the system took care of him, I could see how older people are at great risk of losing out in the professional nursing divide.

Little things, such as the provision of mouth care, are essential features of comfort for an older person who is hospitalised (Tutton and Seers 2004).<sup>1</sup> Yet as Tutton and Seers (2004, p387) and Jones, Bonner and Pratt (2005) confirm, while nurses value them highly in principle, getting access to them in practice is difficult.<sup>2</sup> Older people are also moved from one clinical silo to the next, under the current medical model evident in acute care.

And this led me to question: Who is providing the basics? Who has the time for them? Is it the role of the registered nurse in this highly technological and fast paced environment? What is the role of enrolled nurses, and increasingly, assistants in nursing, in acute care?

The aim of our work as nurses is to enhance dignity and value a person's individuality, while limiting functional decline – all at a time when the system itself seems to threaten our capacity to do so. In fact, some would argue that aspiring to holistic care provision is becoming unrealistic and unachievable in the current acute care climate.

It is time to acknowledge that older people are the growing population demographic we need to be aware of, but are we ready?

Work in Australia has progressed regarding the management of older people in the health service environment. The Australian Health Ministers' Advisory Council (AHMAC) Care of Older Australians Working group has developed *Age friendly principles and practices* (2004).<sup>3</sup> These principles and practices will be used as benchmarks in future hospital accreditation processes. Principle 1 states: *'Health treatment and care delivered to older people will be based on strong evidence and have a focus on maintaining, improving and preventing deterioration in their health and quality of life, and is supported through the practice of 'an holistic approach [being] adopted in caring for the older person, which takes into consideration their overall physical, psychological and social needs, despite the person having presented with an acute condition'* (p6). Principle 6 adds that *'care of older people is a primary focus for all health services'* (p11).

The latter point is important; older people are the primary focus and their complex care requirements are very much the domain of nursing work. This focus means many nurses will also need to reorient their thinking about the way in which they deliver nursing care. The challenge for all nurses, but particularly those in acute care, is how to remain person focussed and incorporate the values that are important to an older person who finds themselves in hospital.

Innovation and leadership are the key to unravelling this issue, and we already have an incredibly knowledgeable and informed group of nursing experts to turn to: aged care nurses. Gerontological nursing has been defined not only by nurses working in this area, but also by older people themselves as: *'a person centred approach to promoting healthy ageing and the achievement of wellbeing, enabling the person and their carers to adapt to health and life changes and to face ongoing health challenges'*.<sup>4</sup>

Nurses are practising in a time of great change, yet great constraint. The time is ripe for nurses to show what they are capable of and what it is they value. As the major providers of clinical education and the transfer of practice knowledge to the next generation of nurses, acute care nurses need to push the boundaries of practice once more, and ensure best practice in the provision of nursing to older people.

Our guest editorial by the National Institute of Clinical Studies identifies how nurses have taken leadership in practice development and the uptake of evidence into practice. The paper by Jackson, MacDonald, Mannix, Faga, and Firtko is a good example of why nurses need to focus on individuals in context. It describes a qualitative study undertaken to develop understandings into the views of a group of mothers with an overweight or obese child. The authors found participants were very concerned about their child's weight problems, and their immediate concerns focussed on social problems associated with obesity/overweight. They conclude that understanding parental views about their children's overweight and obesity is a key step in forming effective liaisons between health professionals and parents.

Duffield and colleagues explore the role of clinical nurse specialists and registered nurses through an examination of the use of their time. Adjustments to skill mix usually involve using more plentiful but less-skilled workers, and there is a growing body of overseas research in this field. This unique Australian work sampling study enables employers to begin to answer the question:

Are skilled nursing personnel being used effectively and efficiently?

Wilson and colleagues explore contemporary collaborative experiences of nurse practitioners in providing care with general practitioners and allied health care professionals. Their research shows most nurse practitioners report dissatisfaction due to ineffective collaborative relationships with doctors and allied health care professionals. The authors argue that sustainable collaborative partnerships should be developed with all health care providers through the acknowledgement of the unique and valuable contribution each is able to make.

In their survey of 346 registered nurses who have completed either a three-year nursing diploma or a degree course and were working in hospitals at the time of the study, Takase, Maude and Manias examine how nurses' professional needs are met in nursing practice. Their findings suggest there is a mismatch between nurses' professional needs and the intrinsic/extrinsic rewards they receive for their performance. The authors argue that because this mismatch has a negative impact on nurses' work behaviour, it is important to reduce the gap between professional needs and the experience of actual nursing practice.

The final two papers focus on workplace learning and/or transition for nurses. Gibb, Forsyth and Anderson provide a theoretical analysis of culture and power in nursing to understand the determinants of social divisiveness that occurs between different levels of the nursing workforce. They describe indications of a move towards greater cultural coherency and support for learning within the nursing team in this study.

Levett-Jones and Fitzgerald, having reviewed the available literature, argue there is little evidence on the effectiveness of transition programs as interventions to enhance the transition from nursing student to professional practitioner. They challenge what constitutes best practice in transition for graduate nurses, and question whether primacy should be given to formal transition programs or to the development of educationally supportive clinical learning environments.

Together, these papers advocate a re-thinking of the work of nurses, and promote the need to explore the value of understanding the people we provide nursing care to.

Festive greetings to you all and good health for 2006.

## REFERENCES

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