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The dynamic role of the graduate nurse in aged care: An Australian experience of delivering an aged care graduate nurse program

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ABSTRACT

In 2012 an innovative graduate nurse program was implemented within the Australian aged care context. This program ran for two consecutive years in 2012 and 2013. This descriptive paper outlines a case study of the development and implementation of a Graduate Nurse Program focusing on advancing the specialty-nursing workforce in aged care.

The disciplines of Gerontology and Geriatrics are relatively new but remain underrepresented in nursing curriculum and are frequently not valued in practice. The aim of the program itself was to allow graduate nurses to gain the knowledge and skills for competence to practice within the aged care environment. The complexities of this practice extended beyond the usual bedside nursing of most graduate programs within acute healthcare settings. Aged care graduates were required to also develop management and team leadership skills.

This program, though developed for the Australian context, has relevance internationally with the growth of the ageing population and the concomitant increasing healthcare needs. The program and curriculum was developed closely with a steering committee composed of industry representatives and the academic education provider and used innovative pedagogies. The development of key areas of the curriculum and the underlying philosophy of the program are described. The practice changes to the aged care workplaces with the introduction of infrastructures to support the graduates are also discussed.

With the international growth in the aged care population, education programs like this Graduate Program will be pivotal in the development of an appropriately trained and sustainable nursing workforce within aged care.

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1. Introduction and aim

There is a critical shortage of appropriately skilled and knowledgeable staff in aged care in Australia, particularly Registered Nurses (RN). This paper describes, and reflects on the development, delivery and outcomes of a purpose—designed graduate nurse program in aged care (ACGNP). The program was funded by a grant from the Australian Department of Health and Ageing and aimed to produce a resilient and sustainable specialty-nursing workforce

in aged care by providing preparation and support for newly graduated RNs working with older people. It encompassed one year of supervised practical experience in Australian residential care facilities complemented by seven one week study blocks delivered by Monash University School of Nursing and staggered throughout the year.

2. Background

Graduate nurse programs are usually 12-month programs to assist in the transition from undergraduate RN to graduate RN. In Australia these programs are commonly available for new graduates entering the acute hospital system. However these programs are not commonplace within the aged care setting. The development and implementation of a graduate program within the aged

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care setting was promoted and funded by the Federal Government as a means of recruiting and retaining registered nurses for aged care.

The development of this ACGNP was a combined endeavour between the university, the peak body 'Leading Aged Services Australia', who managed the clinical placements, and the aged care industry. A steering committee was formed from representatives from these organisations, the residential facilities where graduates were employed during the program as well as a representative from the Victorian Government Department of Ageing and Aged Care. The inaugural year of the ACGNP was met with much enthusiasm from both the university and industry. Overall the main clinical issues were primarily related to the increasing frailty of aged care clients and the complexity of aged care provision which has challenged and changed the roles and responsibilities of the nurse in aged care. Organisational issues included the need to develop means of supporting communication between key stakeholders and the provision of an appropriate learning environment for the graduate nurse in residential aged care settings.

3. Reflecting on a unique context of care and learning

In Australia currently there are two main types of qualified nurses, Registered Nurses (RNs) and Enrolled Nurses (ENs). ENs typically work alongside RNs providing basic nursing care, and undertaking less complex tasks than RNs (AIHW, 2008, p. 445). Registered Nurses are, in general, qualified with a nursing degree from a recognised higher education provider at level seven of the Australian Qualifications Framework (AQF). Graduates at this level are considered to have "well developed cognitive, technical and communication skills" enabling analysis, evaluation and transmission of knowledge (AQF 2013, p.47). RNs comprise 15% of the aged care workforce (King et al., 2012). ENs are currently qualified with a nursing diploma from the Vocation and Education Training (VET) sector at an AQF level four giving them the skills to equip them to work and problem solve under the supervision of an RN (AQF, 2013, p.38). The other level of direct care worker in aged care is the personal care assistant, or assistant in nursing, who will most likely hold a Certificate III in Aged Care at an AQF level three. This latter group represents 68% of the direct care workforce in aged care (King et al., 2012). There are, however, no firm benchmarks or quality indicators in the industry for the staffing skills mix and the words "appropriate" and "skilled" are used but not defined in the *Aged Care Act 1997* (Angus & Nay, 2003). The relevant standard states that there should be: "appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives" (Aged Care Act, Section 5, p.23). Using staff 'appropriately' is left to the facility manager's discretion and decisions will depend to a degree, on the availability of staff for recruitment and the accessible budget (Thornton, 2008). For our new graduates therefore there was no certainty about the ratio of RN or EN to residents in any given facility and on any given shift.

The need therefore to recruit and retain registered nurses in aged care was seen as an impetus to the development of this program. However there were challenges for supervision of the graduates. Ten years ago it was identified by The New South Wales (NSW) Department of Health (2006) that providing quality assessment and care for aged care residents was, at that time, beyond the capacity of aged care facilities funding, staffing and skill levels. Since that time the numbers of available RN and the staffing ratios of RN, to vocationally educated staff have further reduced (King et al., 2012). In parallel there have been growing signs of consumer and staff dissatisfaction with the quality of aged care Australia wide. In 2010 there were 8055 complaints (Department of Health and

Ageing, 2011) where health and personal care, consultation and communication topped the list. This created many challenges for our program including adequate preceptorship and ongoing professional development of other staff. In spite of the need for ongoing professional development for annual registration significant gaps in knowledge and skills still currently exist for many RNs in such key areas as dementia and palliative care (Robinson et al., 2014). The implications for curriculum development for the ACGNP were that it could not be assumed that the graduates would unflinchingly be exposed to ideal learning environments or accurate on-the-job learning or practice examples.

The body of knowledge that is gerontology and geriatric care has developed relatively recently compared to other nursing specialties. The first Department of Geriatrics was created at Mount Sinai Medical School in the USA as recently as 1982 (Morley, 2004). The evidence base for much that is defined as 'quality' aged care has since grown and is constantly developing. Systematic reviews of existing geriatric research are now being conducted by organisations such as the Cochrane Library and the Joanna Briggs Institute. Therefore, the graduate program's clinical content on better practice in gerontic and geriatric care was readily available in the research literature.

4. Design of the program

The design of the program and its curriculum was seen as an innovative and exciting initiative. This was an opportunity to not only grow relationships between academics and clinicians in aged care environments but also further develop the profession of nursing within this context. Given the complexity of the RN's role and the need to include some leadership and management content the decision was made to develop the curriculum at a post-graduate level. As part of the brief for the program was the retention of nurses and in view of the need to improve the knowledge and skills of the aged care workforce the curriculum was developed to articulate with credit transfer into a master of nursing. This was also intended to encourage ongoing professional development. While such curricula have been developed in the acute sector for graduate programs, we believe that at the time it was delivered, this was a unique and exceptional opportunity for RNs in aged care. A key strength of the development of the program's structure and content was the collaboration between the university and industry. This was enabled through a highly engaged steering committee. This allowed the curriculum content to be tested for relevance as it was developed and delivered and facilitated ongoing formative feedback from industry and tailoring of content by the university.

The graduate nurse within the aged care environment requires competence to work at an advanced level and manoeuvre an environment that not only involves the client but also the entire aged care team. This is in contrast to the role of the graduate nurse in the acute setting where practice is generally more closely supervised and within a readily available multidisciplinary healthcare team. The roles and responsibilities of the aged care nurse have been discussed in the literature and are broadly summarised in the recommendations for specialist aged care nursing competencies by the Commonwealth National Aged Care Nursing Roundtable—Final Report (2010 p.7) as:

- person centred care planning;
- advanced assessment and analysis skills;
- supervision and delegation skills;
- clinical leadership and governance skills;
- communication and counselling skills to work with older people and their families; and

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