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The deteriorating resident in residential aged care: A focus group study

Barbara J. O'Neill (BA, BSN, GCNursEd, RN, PhD candidate) (Associate Lecturer)[a,*],
Kerry Reid-Searl (RN, RM, BhlthSc, MClin Ed, PhD) (Professor)[a],
Trudy Dwyer (RN, PhD) (Associate Professor)[a],
Lynne Parkinson (BSc(Hons), PhD) (Professor, Professorial Research Fellow)[b]

[a] School of Nursing and Midwifery, Central Queensland University (CQU), Australia
[b] School of Human Health & Social Sciences (CQU), Australia

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ABSTRACT

Aim: To better understand aged care nursing staff perceptions regarding the deteriorating resident.
Background: Age and multiple comorbidities contribute to the likelihood of deteriorating health in the aged care setting and efforts are underway to prevent unnecessary hospitalisation. Aged care nursing staff play a key role in managing a deteriorating resident yet their perceptions regarding this area of their work is underreported.
Method: Thematic analysis of data from four focus groups comprised of nursing staff at a residential aged care facility in Australia was undertaken.
Findings: Six themes were identified: (1) Knowing the person. Because Personal Carers provide daily basic care they know residents intimately and are the first to notice changes. (2) Communicating changes. Multiple stakeholders need to know when a resident deteriorates and nurses are at the center of the communication process. (3) Staying "home". Nursing staff believe hospitalisation is traumatic for residents and prefer to keep them in familiar surroundings. (4) "What about me?" Other residents seek attention when staff focus on a deteriorating resident. (5) Workload implications. Caring for a deteriorating resident adds to an already heavy workload. (6) Feeling undervalued. Nursing staffs are not recognised for their important work.
Conclusion: To support nursing staff in their preference to keep residents in their "home", concerns regarding training, communication, workload, and feeling undervalued need to be further explored and addressed.

1. Introduction

The global population is ageing. The number of persons over the age of 65 living in Australia is expected to grow from 3.2 to 5.8 million by 2031 (Australian Bureau of Statistics, 2013). Growth in the number of residential aged care places is already reflecting this trend, as the number of places set aside for approved aged care recipients increased by more than 19,000 over five years (Australian Institute of Health & Welfare, 2012). Cognizant of the impact that growth in this sector will have on Australia's health system, funding was designated under aged care reform legislation in 2013 to explore new models for short term, more intensive health care in the aged care setting, with one desired outcome being a reduction in unnecessary hospital admissions and shorter lengths of stay for aged care residents (Department of Social Services, 2014; Health Workforce Australia, 2014). Residents of aged care facilities face a high risk of emergency transfer to hospital (Arendts & Howard, 2010). A South Australian public hospital reported over 3000 admissions from Residential Aged Care Facilities (RACFs) over a five-year period (Hillen et al., 2011). A review of the appropriateness of RACF transfers to the emergency department (ED) at a Western Australia hospital reported the majority of presentations were appropriate, but identified limited clinical support and resources at the RACF as major concerns (Finn et al., 2006). Mod-

* Corresponding author.
E-mail address: b.oneill2@cqu.edu.au (B.J. O'Neill).

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els designed to fill this gap in clinical resources and support have the potential to reduce unnecessary transfers by offering hospital-supported in-reach subacute services and more complex care at the RACF (Department of Social Services, 2014). Thus, aged care nursing staff can expect to be increasingly involved in hospital avoidance efforts.

In Australia, the nursing workforce mix in aged care is comprised of Registered Nurses (RNs), Enrolled Nurses (ENs) and Personal Carers (PCs), with PCs comprising the majority of the workforce (Australian Nursing & Midwifery Federation, 2014). PCs provide basic care, such as feeding and bathing, and work under the guidance of RNs and ENs. In recent years there has been a shift in the composition of the aged care workforce, with the number of RNs decreasing and the number of PCs increasing (Centre of Excellence in Population Ageing Research (CEPAR), 2014; King et al., 2013). Future shortages of nursing staff with the requisite skills to care for the growing older population are anticipated (Productivity Commission, 2011). Low wages, burdensome regulatory and administrative requirements, arduous work conditions, and scope of practice discrepancies are some of the issues that have been found to make aged care a less desirable place for nurses to work (Productivity Commission, 2011). Job satisfaction is important to aged care nurses (King et al., 2013). Therefore, exploring nursing staff views regarding various aspects of their work, such as management of the deteriorating resident, is needed to inform workforce and hospital avoidance plans.

1.1. Nursing staff perceptions

Aged care nursing staff, due to their role in direct resident care, are the first to detect signs of deteriorating health and to manage subsequent care, yet little is known about how they perceive this aspect of their work. Their perceptions are important and need to be considered (Jablonski, Utz, Steeves, & Gray, 2007; Lamb, Tappen, Diaz, Herndon, & Ouslander, 2011; O'Neill, Parkinson, Dwyer, & Reid-Searl, 2015). Current research on nurses' perceptions around managing the deteriorating resident mainly focuses on decision-making, coordination and communication around transfers from the RACF to the ED (Arendts & Howard, 2010; Jablonski et al., 2007; Kirsebom, Wadensten, & Hedström, 2013; Laging, Bauer, Ford, & Nay, 2014; Lamb et al., 2011; Lopez, 2009; McCloskey, 2011; O'Connell, Hawkins, Considine, & Au, 2013; O'Neill et al., 2015; Shanley et al., 2011). RACF nurses are instrumental in transfer decisions (Laging et al., 2014). Nurses advocate for hospital transfers when they feel they are appropriate (Jablonski et al., 2007), yet they may also experience feelings of guilt when a transfer occurs (McCloskey, 2011). Concerns regarding how residents may be treated in the hospital, and in what condition they will return, contribute to these feelings (Kirsebom et al., 2013). Hospitalisation is stressful for residents and their families and poor outcomes are possible (Arendts & Lowthian, 2013; Creditor, 1993; Crilly, Chaboyer, Wallis, Thalib, & Green, 2008).

Nurses are also concerned about how families will respond to transfer decisions. Nurses report being pressured by family members over transfer decisions (Lamb et al., 2011; O'Connell et al., 2013) and although they feel it is important to keep family members informed, nurses sometimes do so out of fear of confrontation or a lawsuit (Kirsebom et al., 2013; Lopez, 2009; Shanley et al., 2011). Feelings of fear are also reported around being expected to work outside their scope of practice if the resident remains in the RACF and a higher level of care is required (McCloskey, 2011).

The additional workload associated with caring for an unwell resident is also an issue raised by nursing staff (Carusone, Loeb, & Lohfeld, 2006; Nelson, Wild, & Szczepura, 2009). Communication between RACF nurses and hospital nursing staff can be problematic (Arendts, Reibel, Codde, & Frankel, 2010; Kirsebom et al., 2013; Lamb et al., 2011; McCloskey, 2011) with doctors and paramedics second-guessing RACF nurses around the need for resident transfers (Jablonski et al., 2007; McCloskey, 2011; O'Connell et al., 2013). Clearly, just the factors raised by the limited number of studies indicate a myriad of issues around caring for the deteriorating resident that would benefit from further research. Thus, the aim of this study was to better understand aged care nursing staff perceptions regarding their management of the deteriorating resident. This information is needed to support training and capacity building around hospital avoidance programs and initiatives.

2. Methods

2.1. Design

A qualitative exploratory study, using focus groups with nursing staff from a RACF, was determined to be an appropriate method for achieving this aim. Focus groups facilitate new knowledge and understanding of participants' experiences (Ivanoff & Hultberg, 2006) and support the exchange of ideas, thus allowing for the collection of quality data (Acocella, 2012; Holloway & McConigley, 2009).

2.2. Setting and participants

The research was undertaken at a 94-bed RACF in Australia and involved a purposive sample of 49 participants, out of a population of 75, comprised of 30 Personal Carers (PCs), 7 Enrolled Nurses (ENs), and 12 Registered Nurses (RNs). The group is collectively referred to as "nursing staff" however reference is given to specific levels of nursing when identification is possible and contributes to understanding the topic. The high proportion of PCs in the sample is reflective of the composition of the nursing staff in RACFs throughout Australia (King et al., 2013).

2.3. Procedure

Nursing staff learned about the sessions from direct contact with the RACF's administrative assistant and by word of mouth. The four sessions were held at the RACF in a private area between January and March 2014. Nursing staff attended on their own time. Each focus group varied in size from 6 to 17 participants and lasted until it was clear all participants had ample opportunity to contribute and discussion had waned, which was approximately 30 min in length. Focus groups 1 and 2 were comprised of all levels of nursing, group 3 PCs only, and group 4 RNs and ENs only. Four female academic researchers, three with nursing backgrounds and one with substantial research experience in the aged care setting, each moderated at least one session, with two researchers present at two sessions. Three researchers had PhDs and one was a PhD candidate. The moderators were not affiliated with the RACF and were unknown to the participants but described their backgrounds and interest in the topic at the start of each session. The questions were prepared beforehand but not made available to the participants. The questions aimed to elicit common attitudes and beliefs about nursing staff management of the deteriorating resident, using a Theory of Planned Behaviour framework found in Francis et al. (2004). The Theory of Planned Behaviour is used to predict whether a person intends to do something by considering whether they are in favor of doing it, the strength of social pressure they perceive, and whether or not they feel they have control over the action (Ajzen, 2006). The framework was deemed appropriate for eliciting nursing staff perceptions around the study questions.

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