

Aged care nursing

The Senate Community Affairs Committee Inquiry into Nursing identified aged care as the area of nursing in greatest crisis. Nursing shortages in this area affect the quality of care provided, especially in aged accommodation (SCAC 2002). This is of great concern especially in the context of an ageing population. This chapter focuses on this area of nursing in more detail.

Aged care covers a broad range of services ranging from residential aged care facilities and acute hospitals through to community health services such as home and community aged care packages (DEST 2002). With the introduction of the Home and Community Care program in the 1980s, the reliance on intensive nursing home care was shifted into the community through the provision of a range of services such as home-help, home nursing services and home and centre-based respite care. Also, the introduction of community aged care packages, providing home-based care to frail or disabled older people living in the community, has helped people to remain in their homes instead of entering low-level residential aged care (DEST 2002).

The ageing population

Australia's population has gradually aged over the last 100 years, with the proportion of people aged over 65 increasing from 4% in 1901 to 12% in 2001 (ABS 2002). Within this group, the proportion of people aged over 85 has increased from 8% in 1991 to 11% in 2001. In 2021 it is projected that 50% of people currently over 65 years will be 85 years and over (AIHW 2002b).

In terms of the proportion of people over 85 years of age requiring substantial assistance due to severe or profound core activity restriction, there has been an increase from 26% in 1991 to 32% in 2001. This increase is highlighted by the increase in the provision of aged care through programs such as the Home and Community Care (HACC) program, Community Aged Care Packages (CACCP) and residential care places. For instance, the number of community aged care packages has increased rapidly since its inception, from 235 packages in 1992 to 6,124 in 1997 and 24,430 in 2001 (AIHW 2002b).

In terms of residential aged care facilities, the number of people over the age of 65 years in permanent residential aged care has increased gradually from 125,402 in 1998, to 128,056 in 2001. Consequently, the level of dependency has also increased, with the proportion of residents requiring high levels of care increasing from 7% in 1998 to 17% in 2001 (AIHW 2002b).

Nurses employed in aged care

For the purposes of the Nursing Labour Force Survey, nurses who indicated that their principal area of nursing was geriatrics/gerontology were assumed to be working in aged care. In 1999 there were 33,335 clinician nurses working in aged care as their main job, a 19.4% decrease since 1994. The greatest decreases occurred in Western Australia (27.4%) and New South Wales (24.8%).

The decrease in the number of nurses working in aged care was more pronounced for enrolled nurses than for registered nurses. Between 1994 and 1999 there was a 26.0%

decrease in the number of enrolled nurses, compared with a 13.9% decrease in the number of registered nurses. The decrease in the number of enrolled nurses occurred across all the states and ranged from a 22.9% decrease in South Australia to a 40.6% decrease in Western Australia (Table 27).

Table 27: Registered and enrolled clinical nurses^(a) employed in the area of geriatrics/gerontology, 1994 to 1999

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(b)	Australia
1994									
Enrolled nurses	4,045	9,465	1,840	1,400	1,335	393	133	60	18,671
Registered nurses	7,996	6,122	3,780	1,892	1,901	717	190	65	22,663
<i>Total nurses</i>	<i>12,041</i>	<i>15,587</i>	<i>5,620</i>	<i>3,292</i>	<i>3,236</i>	<i>1,110</i>	<i>323</i>	<i>125</i>	<i>41,334</i>
1999									
Enrolled nurses	2,845	7,240	1,388	831	1,029	276	138	71	13,818
Registered nurses	6,208	5,310	3,470	1,558	1,927	784	178	82	19,517
<i>Total nurses</i>	<i>9,053</i>	<i>12,550</i>	<i>4,858</i>	<i>2,389</i>	<i>2,956</i>	<i>1,060</i>	<i>316</i>	<i>153</i>	<i>33,335</i>
Percentage change between 1994 and 1999									
Enrolled nurses	-29.7	-23.5	-24.6	-40.6	-22.9	-29.8	3.8	n.p.	-26.0
Registered nurses	-22.4	-13.3	-8.2	-17.7	1.4	9.3	-6.3	26.2	-13.9
Total nurses	-24.8	-19.5	-13.6	-27.4	-8.7	-4.5	-2.2	n.p.	-19.4

(a) Includes nurse clinicians and clinical nurse managers.

(b) Estimates for enrolled and total nurses in the Northern Territory in 1999 are considered less reliable than those of the other jurisdictions (see explanatory notes). Consequently, the percentage change between 1994 and 1999 for enrolled and total nurses has not been published.

Source: AIHW.

Residential aged care

Residential aged care facilities are the main employers of nurses in the fields of geriatrics/gerontology. In 1999, 27,822 nurses were employed in residential aged care, a 17.8% decrease from 1994.

In 1999, 11,481 enrolled nurses were employed in residential aged care, a 21.0% decrease since 1994. The largest decrease occurred between 1994 and 1995, from 14,535 to 11,555 (Table 28).

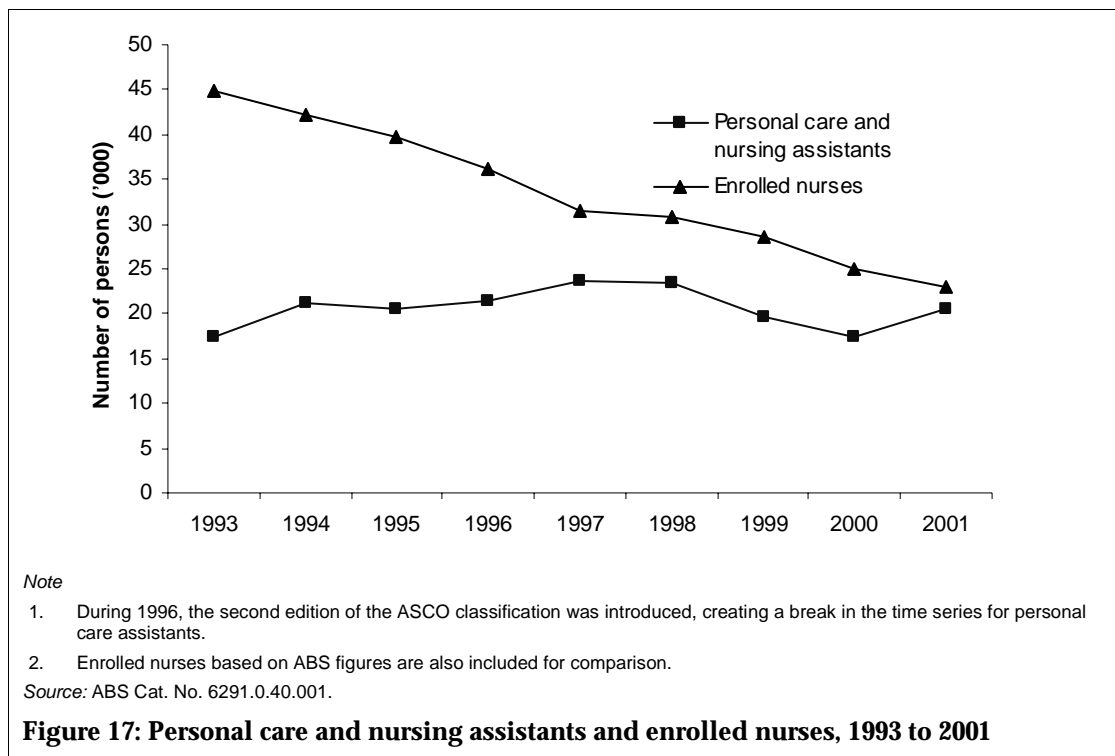
Table 28: Aged care nurses employed in residential aged care, 1994 to 1999

	1994	1995	1996	1997	1999
Public sector					
Enrolled nurses	8,301	5,718	5,858	6,184	6,481
Registered nurses	8,157	6,978	7,149	7,836	7,418
<i>Total nurses</i>	<i>16,458</i>	<i>12,696</i>	<i>13,007</i>	<i>14,020</i>	<i>13,899</i>
Private sector					
Enrolled nurses	6,234	5,837	5,429	4,902	5,000
Registered nurses	11,149	11,866	11,036	10,261	8,923
<i>Total nurses</i>	<i>17,383</i>	<i>17,703</i>	<i>16,465</i>	<i>15,163</i>	<i>13,923</i>
Total					
Enrolled nurses	14,535	11,555	11,287	11,086	11,481
Registered nurses	19,306	18,844	18,185	18,097	16,341
Total nurses	33,841	30,399	29,472	29,183	27,822

Source: AIHW.

According to the Senate Community Affairs Committee, the decrease in the number of enrolled nurses in aged care was associated with the substitution of unqualified personnel (nursing aides and personal carers) (SCAC 2002). Obtaining a reliable estimate of the number of unqualified personnel is difficult because these employees are not regulated, and therefore do not have any form of registration. The ABS, through the quarterly Labour Force Survey, provides the best estimates available, but these are also complicated by a number of factors. For instance, the coding system used, the Australian Standard Classification of Occupations (ASCO), does not differentiate between different work settings such as hospital and aged accommodation. There is considerable overlap between the job characteristics of personal care and nursing assistants, and the subcategories of the special care workers group. Additionally, a time series of personal care and nursing assistants is also complicated by changes made to ASCO in 1996. Care should, therefore, be taken when making direct comparisons between pre-1996 and post-1996 data.

Using the categories of personal care assistants and nursing assistants, Figure 17 indicates that their numbers increased between 1993 and 1998. For the purposes of comparison, enrolled nurses were also included for the same period. The increase in personal carers/nursing assistants was associated with a decrease in the number of enrolled nurses. However, these values represent personnel in all areas of nursing and personal care; therefore, the effect on aged care can not be ascertained.



Against this background, a report conducted by the working group on aged care worker qualifications highlighted that the changing roles of enrolled nurses and other care workers have meant that these workers have been asked to perform tasks that may be outside their currently acknowledged scope of practice. This is especially the case for medication assistance and administration (WGACWQ 2001). In a submission to the Senate Community Affairs Committee Inquiry into Nursing, the Queensland Nurses Union stated that the

nursing skill mix and staffing levels in many hostels are failing to meet the acuity levels of residents (SCAC 2002). In addition, with continued shortages, organisations are increasingly reliant on agency staff. Consequently, residents have to cope with a constantly changing workforce and are unable to develop relationships with staff, affecting both their care and quality of life (SCAC 2002).

In an attempt to address the concerns that unqualified workers were administering medications, and as an attempt to increase career opportunities for enrolled nurses, the working group on aged care worker qualifications proposed that the role of enrolled nurses could be enhanced. It was proposed that, after the completion of an appropriate level of training, the role of enrolled nurses should be expanded to enable them to administer up to and including schedule 4 (S4) medications. The implications of this include a reduced level of supervision required from registered nurses and a reduction of risk associated with unqualified personnel administering medications (WGACWQ 2001).

In 1997 nursing homes and hostels were amalgamated into a single system of residential care. Additional to this, the Resident Classification Scale (RCS) was introduced as a means of determining the level of funding each facility was entitled to, based on the level of dependency of the residents (AIHW 2001a). A decline in the number of registered nurses in residential aged care between 1994 and 1999 (from 19,306 to 16,341, a decline of 15.4%, Table 28) has coincided with an increase in dependency levels of residents. Between 30 June 1998 and 30 June 2001 the proportion of residents classified as high care (RCS 1 to 4) rose from 58% to 63%, whereas those classified as low care (RCS 5 to 8) fell from 42% to 37%. This represents the continuation of a trend towards higher dependency, which was already evident before the introduction of the single system in 1997 (AIHW 2002c). The substantial skill loss resulting from the loss of registered nurses from this sector and the increase in dependency levels has placed further pressure on the residential aged care sector.

The issue of wage disparity between aged care and other fields of nursing has been proposed as an explanation for the reduction of nurse numbers (SCAC 2002; DEST 2001). According to the Australian Nursing Federation (ANF 2002), a comparison between public sector award/agreement rates and the private residential aged care award rates reveals that the private residential aged care award was lower in each jurisdiction (Table 29). As at 1 January 2001 the difference between the two awards ranged from 3.9% in New South Wales to 16.4% in Victoria for registered nurses at an equivalent level (RN Grade 2/Year 8 in Victoria and Tasmania, RN Grade 1/Year 8 in other jurisdictions).

Table 29: Comparison of public hospital and private residential aged care wage rates as at January 2001 1

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Public sector rates (\$)	870.50	851.20	819.30	798.10	783.87	797.25	801.07	806.00
Aged care awards (\$)	836.70	711.30	743.90	707.60	725.40	721.15	709.79	727.40
% difference	3.9	16.4	9.2	11.3	7.5	9.5	11.4	9.8

Note: Rates relate to RN Grade 1/Year 8, with the exception of Victoria and Tasmania where rates refer to RN Grade 2/Year 8.

Source: ANF 2002.

Age distribution of nurses working in aged care

Between 1994 and 1999, this sector of nursing aged at a faster rate than the nursing labour force overall. The average age of nurses employed in the aged care sector increased from 41.7 years in 1994 to 45.2 years in 1999, compared with 39.1 and 41.6 years, respectively, for employed registered and employed nurses (Tables C.35, C.36). This is demonstrated in Figure 18 which shows that the proportion of nurses in age groups under 45 years has declined since 1994, from 61.1% to 47.4%, and the proportion in older age groups has risen accordingly.

