

Abstract

Age and Nursing Research in Australia

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At the 1998 Australian Association of Gerontology National Conference, Professor Alan Pearson from the Department of Clinical Nursing at the University of Adelaide delivered a keynote address on the topic of gerontological nursing. He pointed out that while large numbers of older people use the full spectrum of health care services, nurses with specialist knowledge and skills with this group tend to be found in only a narrow range of health care settings. He argued however that if this speciality is to advance, particularly through research, then it may be preferable for nursing researchers to concentrate in those settings where they already have a strong knowledge base, rather than spread themselves too thinly across other settings. This interesting proposition engendered lively debate at the conference, particularly in light of the expected large admission increase of older people across all health settings as the population ages. It also raised related issues about nursing research, such as how nursing can increase its research output 'in' nursing, rather than nurses having to leave direct practice to take up research positions, often in projects which do not contribute directly to the nurse-specific skill base. The selection of recent articles reviewed below provides some examples of current 'in' nursing research, and draws from Australian gerontological and general nursing journals.

Clare, J. and Hofmeyer, A. 1998. Discharge planning and continuity of care for aged people: indicators of satisfaction and implications for practice, *The Australian Journal of Advanced Nursing*, 16, 1, 7–13.

This study examined discharge planning and continuity of care experienced by 67 participants aged 71 and over who had been recently discharged from an acute care setting to the domiciliary based Royal District Nursing Service. With the introduction of a capped, prospective type casemix funding to hospitals in Australia, where there is greater pressure for shorter lengths of stay, the study of this key transition is extremely important because appropriate discharge not only reduces readmission but ensures the continuity of care older people require to remain in the community. Through structured interviews, the study found that 71 per cent of the participants felt satisfied with their hospital care and were prepared for discharge. There were however, 14 per cent of participants who felt they were discharged too early because they were feeling weak, or anxious about coping at home. Factors contributing to discharge satisfaction included being involved in the decisions about which discharge services were required, assurance that these services would be

available, and receiving clear self-care recovery information, both personally and to their carer. Similarly, knowing in advance when they were going home, and discharge early in the day were frequently quoted as helpful. Those participants who believed their nurse was concerned and interested in their ability to cope at home were more likely to be satisfied with discharge. Although this is not a generalisable study, it nevertheless highlights practical communication issues of key importance to older people in making the discharge transition.

Bakarich, A., McMillan, V. and Prosser, R. (1997). The effect of a nursing intervention on the incidence of older patient falls, *The Australian Journal of Advanced Nursing*, 15, 1, 26–31.

This paper describes the evaluation of a falls prevention protocol in an acute hospital. Nurses on the wards used simple screening questions concerning the person's mental state and mobility to assess risk of falling, and those at risk were offered toileting assistance every two and four hours. The risk assessment was administered to 2032 people aged 70 years or more, and 1541 were assessed as not at risk. There were 112 falls by 96 people over the trial period, and 45 per cent of the falls occurred in the not at risk group. Of the at risk patients who fell, all falls occurred when patients were getting out of bed. The study found that falls occurred to a greater degree in shifts where there was more non-compliance to the protocol and toileting regimen, in night shifts, and within the first five days of hospitalisation. The toileting regimen however was found to be the most significant factor in reducing falls among those at risk. Also, impaired mobility was found to be a considerable risk factor on its own, regardless of mental state. Mobility status of course is not static during hospitalisation, especially after catheterisation and medication changes, and the study emphasises the need for ongoing evaluation of this factor. The study also highlighted the need to look at reasons for non-compliance, such as staffing levels and work priorities, to remove any obvious barriers to this important intervention.

Wilkes, L., LeMeiere, J. and Walker, E. 1998. Nurses in an acute care setting: attitudes to and knowledge of older people, *Geriatrics*, 16, 1, 9–16.

As a proxy measure of quality of aged care, this study looked at what nurses working in an acute setting thought about older people, as well as their actual knowledge of ageing. The sample of 261 nurses completed a modified 25 statement Palmore's Facts on Aging Quiz, and the Rosencranz and McNevin Semantic Differential Scale of 32 paired adjectives to measure their attitudes. The nurses' knowledge of older people resulted in a mean Palmore's score of 17.7 which indicates a reasonable knowledge. However, three of the statements – medical priority, religion, and mood of the aged – had more than 60 per cent

error rating revealing specific areas of knowledge gap, and possible clinical implications. For example, if nurses falsely assume older people are more irritable, this might affect their frequency of interaction and ability to develop an appropriate care plan. The nurses' attitudes to older people had a mean score of 136.9, with a large standard deviation, out of a possible 175, indicating a somewhat negative attitude. Various paired adjectives scores provide more insight into this where older people were stereotyped as poor, old fashioned, conservative and defensive. Again, the authors suggest these attitude findings could have clinical implications for poor quality treatment by nurses, despite the reasonably high scores on ageing knowledge. While this sample study is not a representative sample, it nevertheless raises some important warnings which nurse educators and managers need to be mindful of.

COMMENT:

These three studies indicate that direct nursing research in aged care is alive and well in Australia. They examine key areas of nursing practice and provide findings which can be used in nurse education and training as well as on-the-job skill development. The studies use a nice mix of qualitative and quantitative measures, although they lack representative samples. As nurse education is now totally based in university settings, one might assume that this research culture will only continue to develop. However, there are significant shortages of skilled nurses across Australia, especially in rural areas, and in specific specialities such as aged care. Burnout, injuries, rostering difficulties and lack of career path are some of the reasons cited by industrial bodies for the shortage in supply. If nurses are seen only 'to be there and to do', increasing participation in research is unlikely. It may be that workforce research is one area that nurse research needs to be directed at.

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