

Reforms Needed in Aged Patient's Care

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Today's health workforce is constantly engaged to enhance the standards of healthcare services and ensuring comprehensive healthcare standards to the community. Queensland's health workforce is Australia's second largest health workforce (1) and serving proportionately in all areas of QLD, making efforts to make health better by making research, surveys and developmental planning in rural and regional areas. Aged Care is currently the most concerned health issue among OECD countries (2) as aged population continues to grow and it's challenging for Australian health sector to meet the standards of quality care in provision of aged care health services. As per Australian Institute of Health and Welfare statistics it is projected that Australia will constitute 22% of aged population in next 30 years (AIHW).

The aged care sector has undertaken various structural, developmental and political reforms in Australia depending upon demands and requirements of the field (3). Queensland's health workforce is striving its best to provide best in aged care but troubled with few constraints like turnover in healthcare providers (4), growing statistical trends in aged care and reform needed depending upon today's health technology. A recent research at Monash University, Australia revealed that almost 32% of nursing staff is expected to burn out and leave the profession, which is highly challenging

for the health industry(5). As aged population is projected to increase in future, retention of nurses is important in healthcare sector making reforms that are needed to support and value the demand and need of nurses in aged care.

Australia is facing unparalleled challenges in the provision of quality healthcare services in aged care, efforts have been made to bring best possible reforms in order to solve particular health issues (1). Such reforming strategies have shifted the structure of healthcare to another paradigm of health delivery and nursing services, including induction, retention, and empowerment and practicing role in healthcare(6). This literature commits to address the reforms needed in Australia's healthcare industry to alleviate the fiscal pressure because of ageing population and to make health policy changes, covering financial gaps and ensuring better health provision. Reforms are needed in sectors of aged care, human services, human resourcing, financial policies and healthcare providers (7), nurses particularly.

The increasing aged population is a substantial increasing health burden for the government as incidence of chronic disorders increases too (8). Past and present reforms have brought some structural changes in healthcare services, future reforms need to address current aged care issues and must be based upon provision of quality healthcare

services (9). Our healthcare industry needs to adapt, in order to bring sustainable healthcare services to all group of people particularly patients with chronic diseases and complexity of geriatric population issues (10). Mostly the suffered group of individuals are those, who face vulnerability in low income families, we need to make policy changes and bring health reforms for this group specifically (11). Keeping in context that from 1950 till 2015, there has been a tremendous rise of 4.2 billion in global population and statistical reporting and research predicts that 20% population (12) would be among geriatric population in developed countries, contributing to more prevalence and incidence of chronic diseases like diabetes, heart diseases, dementia, COPD and hypertension (13). This analysis suggests that healthcare industry would be coping with health burden challenges which demands attention presently to propose solution or the future.

Healthcare has made remarkable advancement in treatment modalities for aged care like rehabilitation, early evaluation and monitoring, oral prescriptions, non-invasive techniques and interventions, homecare facilities and healthcare services (13). With the developments made in healthcare there is more need to make advanced changes in aged care precisely by realizing the actual needs and issues. One of the main issues is fall in healthcare workers ratio in aged care nurses specifically, becoming another constraint (14). As per National Workforce Strategy for Aged Care, there has been an organized structural policy reform which has not been brought in clinical or federal practice yet and needs implication (15).

Starting from turnover in nursing staff to stay in aged care, a substantial lack of nurses in health workforce is reported in aged care. Research explains that wages reduction, biased resources relocation, ineffective training or shortage of trained nurses and non-acknowledgment promotes burnouts and turnovers among nurses (16). The shortage of nurses in aged care contributes inequality in aged care recourses relocation (17).

From personal hygienic care to critical care in Intensive Care Unit, nurses are the most crucial players in taking role for provision of quality health care in aged care sector (18). After government opportunities and provided resources, nurses are the key role players for carrying out health activities in geriatric medicine. From residential aged care facilities to hospital aged care services, nurses owe a major contribution in aged care health provision from admission history to documentation of all health procedures and keeping liaison with the doctors regarding each patient (19).

Aged care nurses undergo a wide array of services from patient centered care to family liaisons (19). Nurses are supposed to be the readily available person round a clock for patients and their family to communicate about anything and offering queries regarding patient health outcomes and prognosis (20). Apart from being the only healthcare provider in keeping social and family support, it brings pressurized stress to nurses often times leading to development of exhaustion and causing turnovers (14). Nurses play skillful duties in keeping patients' coordination and family liaisons at early steps of patients' transition to a

residential aged care facility. Promotion of empathetic emotional support among the patients and keeping the family updated about every bit of transition process and patients' health status is one of the key duties, nurses offer in residential care facilities (21).

The aged care facilities shares a great shrinkage of nursing pool leading to enormous gaps in nursing facilities as per recent statistical analysis worldwide and in Australia (22). The increasing trend of aged care population and prevalence of chronic diseases and incidences, there is a great health pressure on health care industry and aged care health workforce ultimately. Depending upon most documented turnover ratio reforms are highly needed to reshape the policy that contribute to nursing workforce in aged care health facilities (23). Among reported incidence of turnovers the most contributing factors include lack of supportive leadership, lack of human resourcing strategy, unskilled or insufficient qualification of nursing care providers, inadequate career opportunities with restricted career progression are documented (24).

If not turnovers then these factors contribute to development of sense of low self-esteem, limited staff morale and working enthusiasm among nursing workforce leading to affected productivity and flow in healthcare services in aged care sector (25). In order to reform the health policies and working structure for nursing staff, addressing the main causes for inappropriate working commitment and turnovers is important. Among reported shortage, the main reasons include lower job satisfaction, domestic concerns and

responsibilities and administrative issues (26).

In late 1990's acknowledging job satisfaction as a key factor for employers to stay attached with profession was identified and promoted. Job satisfaction depends upon certain factors and a recent research in UK says that acknowledgement and recognition of efforts, flexible working environment and schedules, career development and progression, organizational support (27) and efficient leadership promotes job intention and connectivity among nurses (28).

What is needed to do in order to reform these areas in nursing workforce, is to highlight these sectors and apply policy changes and ensuring implication. Making job satisfaction first priority among aged care nursing workforce is the most needed reform at the moment. Organizing appropriate retention strategies (29) and establishing first contact between nurses and human resourcing authority can promote acknowledgment among nursing staff making them to have positive intention to stay in the profession (30). Recruitment of nursing managers and leaders who can serve as a bridge between nursing staff and higher authorities in any healthcare sector particularly aged care industry is needed. Nursing managers can promote emotional stability (31) among nurses keeping ethical concerns in consideration and can serve as an important connector to needs and demands of nursing staff and resources facilitators (31). For aged care facilities, nursing staff needs to established job embeddedness (32) in order to keep them more connected and stay in this profession which is possible by providing

unlimited resources and efficient organizational support.

The documented turnovers report biased resource relocation and incompetent provision of staff at required times. Nursing ratio to patients is an important indicator of quality healthcare service and keeping an equilibrium of staff duties (26, 32). When there is a deficit in patient to nurse ratio, stress and working pressure is most likely to take over nursing staff causing lower productivity in clinical duties and lower job commitment as well (26). The working policies need to reform the structures and allocation of skilled nurses (33) to the required areas and ensuring effective supply of nursing care providers to remote areas is highly in demand in order to bring a positive change (34). In some incidents, reporting of senior care workers is remarkable. Senior healthcare workers are most likely to become agitated and develop turnovers (35) causing a coarse flow in productivity which demand induction and enrollment of young nurses (34).

Young nurses can be encouraged to enroll in aged care sector by allowing them to take part in organized workshops and career counselling services. Organizing workshops (36) that allow young nurses to enhance their working capacities and abilities to learn new experiences is evident by the literature. The Queensland's health workforce is supposed to inaugurate enrolment in nursing programs (33) which allow a greater nursing pool to be ready in future to serve in different health sectors and aged care particularly. According to (37), young nurses are more energetic in their duties and more dedicated to the

profession as they are more technological and updated with health challenges than senior members. Young nurses can efficiently be skillful if enough resources and workshops are provided (37).

The aged care sector is facing many challenges that need to be addressed other than nursing workforce including residential structures, infrastructure facilities (38) and architecture of public facilities (39). The usage of ramps and accessible walk areas is the utmost need to be developed in our architecture. The Queensland public and residential architecture is developed efficiently to be accessible for everyone and elders specifically but attention is required in remote areas. Remote areas need upgraded resources and efficient architecture planning to promote accessibility among geriatric population (40).

E-health is taking over healthcare industry steadily and making health access and delivery more convenient and accessible for everyone. Aged population face tensions like inconvenient linkage with physicians and health centers. E-health implications like mobile applications and health wearables (41) can make it easy for older population to link with health professionals and keep themselves clinically monitored and connected. The older population living in metropolitan areas are benefited of instant healthcare and services but people living in remote areas often face delays in linking with healthcare services and delivery (42). Adoption of e-health and telemedicine fills these gaps of insufficiency and provide adequate access and choice for healthcare resources (43).

With the increasing population of aged people the incidence of Parkinson's disease and patients with dementia increases (44) as well. Caring people with dementia is an exhausting and tough caring job as short term forgetfulness and tracking issues encounter more often (44). Information and communication technology in fusion with health technology has introduced much convenience in this sector by introducing GPS tracking health wearables (45). Patients with health wearables are easy to track and monitor by the care providers and family. Reforms are needed to implicate usage and adoption of this technology which is possible by requesting government funds and financial investment in this technology (46).

Pain and falls are highly reported among geriatric medicine causing hospital admissions and lengthy stays in hospitals. Introduction of non-invasive interventions, alleviating the painful stress of medical procedures and educating the patients and family is important (47). Falls are common among older population which can further lead to progressive hospitalization and often causing hip replacement surgeries. With the advent of health technology, wearables can be used to monitor patients' posture and gait which can activate the emergency services instantly thus saving the time for early evaluation and intervention (48). Preventive care is better to achieve in order to avoid lengthy hospitalization and alleviate healthcare costs and burdens.

The conclusion of discussion suggests establishment of career counselling and enrollment of young nursing graduates, attracting them to practice in aged care

facilities. Ensuring sustainable job satisfactory policies and efficient resources relocation among nursing staff in rural and remote areas is mandatory to avoid turnovers. Effective leadership and management skills can enhance productivity of nursing staff in the delivery of healthcare services. Health policy reforms promoting developments in architecture for public access and reliable infrastructure facilities is required. E-health implication by organizing training and educating aged population about usage of e-health facilities is necessarily important. Health wearables adoption is effective to keep a constant health monitoring and data sharing with physicians and health centers. Reforms keeping these objectives in consideration can help the Queensland's health workforce to achieve positive outcomes or establishing better aged care facilities. While implicating changes and reforms in any healthcare setting, a planned strategy following change management by Kotter's change model proves (49) to be effective and successful outcomes can be achieved.

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