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Mind the Gap



Aged Care in Australia was revolutionised with the Aged Care Act 1997. Today Aged Care in Australia is in a far better place than many years ago. The Aged Care accreditation system has changed the standards of the care of elderly. The continuous improvement process, ensuring regulatory requirements and staff education and development support this improvement. It is a known fact that the continuous improvement cannot be achieved without staff education and training. Despite the fact of various training programs available and, provided for our Aged Care staff, a knowledge gap still exists.

The National Aged Care Workforce Strategy Report (2005) has recognised and acknowledged that Aged Care is a significant sector of the Australian economy. It stated that the National Institute of Labour Studies (NILS) conducted a census and survey of the residential Aged Care workforce in 2003 and found that there were 116,000 personal care employees, of whom 25,000 were registered nurses, 15,000 were enrolled nurses, 67,000 were personal carers and 9,000 were allied health workers (mainly diversional and recreational officers). The report has indicated that the Aged Care workforce is multi-faceted. It has also recognised that client profiles are changing. This means that we need staff with the appropriate and adequate knowledge of the complex care needs of elderly. This has been recognised by Pearson Et.al 2001 and stated that:

“the complexity of knowledge and skills needed for the effective and appropriate nursing of older people. This is reflected in the low participation rates of aged care nurses in specialist award courses in gerontological nursing and the generally accepted view that, whilst acute care nurses such as those in intensive care or emergency require specialist postgraduate education and training, no specialist, advanced knowledge or skills are required to nurse older people. This lack of recognition of expertise serves to devalue the role and, thus, render aged care nursing a low-status pursuit.

Education and training play a number of roles in increasing the recruitment and retention of nurses. Access to education and training for nurses increases their skills and knowledge which, in

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turn, improves the quality of care and thus improves work satisfaction; the provision of advanced education and training for nurses improves their status in the community and supports career advancement; and the effective training of other personal care staff reduces the stress of supervision by nurses. Currently, there is no clear, articulated approach to education and training in the sector and inconsistency exists in the recognition of advanced education and training. This inconsistency means that there are few incentives for nurses to pursue advanced education and training. A structured and well understood education and training profile in aged care will increase work satisfaction and could be an important marketing tool in recruitment”.

In 2004, Richardson et.al conducted research into the Aged Care work force. The report indicated that they used the ABS Community Services Survey and Employment and Earnings survey but was unable to find data on personal care workers in residential Aged Care facilities. They were also unable to provide the wealth of information on these workers that is available from their survey.

Since these findings, Aged Care staff education has revolutionised. Various courses have been offered to Aged Care staff via universities, TAFE colleges, associations and other agencies. The Department of Health and Ageing has been providing incentive programs for Aged Care workers to up their knowledge and skills. There is no evidence to indicate research or surveys have been conducted to identify knowledge and skill levels in Aged Care.

The Nursing and Midwifery Board of Australia has introduced a rule that all nurses need to do a certain number of hours of professional development to continue the registration with the Council. The Aged Care Accreditation Agency monitors staff education and development. However, the fact remains the same; the professionals working in the Aged Care industry strongly agree that there is a knowledge and skill gap existing in the Aged Care industry.

THE DIFFERENCE BETWEEN KNOWLEDGE AND SKILLS

- Knowledge refers to learning concepts, principles and information regarding a particular subject(s) by a person through books, media, encyclopedias, academic institutions and other sources.

- Skill refers to the ability of using that information and applying it in a context. In other words, knowledge refers to theory and skill refers to successfully applying that theory in practice and getting expected results.

One community distinguishing factor between knowledge and skill is that knowledge is what is contained in the head and skill is done by hand. Even though this is accepted as a common fact, the difference is not so simple.

The same as any other industry, in Aged Care, it is important that one should possess sufficient width of knowledge. Due to the complex nature of care delivery, there are many things that Aged Care workers need to know before the hands come into play such as clients' idiosyncrasies of needs and lifestyle habits.

Knowledge and skills go hand-in-hand.

- Skill is a tool needed to apply the knowledge.
- Knowledge will sharpen the skills and skills are often non-contextual.

That means one would learn it exactly the same way irrespective of where it would eventually be applied. If any particular skill is only partially known then it becomes a blunt tool. Hence, each skill should be learnt to sufficient depth and practice and experience in the given field provide sufficient skills to perform certain tasks.

It is absolutely necessary in Aged Care that one needs to be skilled. And equally it is important that one is knowledgeable. Knowledge and skills are often confused because it depends on how well the person applies knowledge in practice. Also, theoretical knowledge can be shared with other people. Some skills can never be transferred to other people. The person's level of competence is measured by the person's knowledge and skills for the particular field in the chosen industry.

Most knowledge gaps in Aged Care lies in personal care workers. Staff training in personal care varies from one week's training to 3 months training. Each training organisation has chosen a mode of delivery to meet students' requirements. Some of the Registered Training Organisations (RTO's) even offer training on the web and one to two-week unstructured work placements. Most of the personal care workers are newly settled migrant citizens or

foreign students. Some of these personal care workers have literacy problems. Literacy is defined as a person's ability to read, write, speak, and compute and solve problems at a levels necessary to:

- Function on the job and in society
- Achieve one's goals
- Develop one's knowledge and potential

It is not an easy task to learn complex care needs of older people when a person does not have a functional literacy. The question that training organisations are not prepared to answer is how personal care workers obtain a Certificate III in Aged Care if they do not have an adequate functional literacy levels.

Older people are admitted to Aged Care facilities generally as a result of falls, dementia, incontinence, or discharged from an acute episode in hospital. These residents have complex care needs especially the care of dementia residents. Dementia care is complex and industry has yet to find a better care model to care for these residents. About 5 per cent of people 65 years and over and 20 per cent of 80+ year olds suffer some form of dementia. As a consequence of the growing number of aged Australians, the number of dementia sufferers is projected to increase significantly. By mid-century, over 580,000 Australians (2.3% of the population) will have dementia. The personal care staff provide the most physical care needs (assistance with showering, toileting, grooming, bed making etc) and most times they are the first contact for the resident. Therefore personal care workers need constant education and training, mentoring and supporting systems to care of these residents.

In addition to these tasks, the industry is moving to employ personal care staff (Personal Care Workers) to administer medications. Some of the Registered Training Organisations (RTO's) do not offer a medication management module in Certificate III in Aged Care. Personal care staff do need to have a broad knowledge of care delivery including the disease process and able to respond to mental and psycho-social problems and some side effects of medications.

The Aged Care industry has improved with the accreditation system which was introduced with the Aged

Care Act 1997. However, improvement in quality of care is now stagnated. It is impossible for personal care staff to meet complex care needs without adequate literacy levels. These staff not only need to improve their literacy levels they also need an adequate supporting system, mentoring and time to learn the system and processes.

Currently the Aged Care industry does not have a system to improve the knowledge gap. Education and training provided by the providers generally are not well attended by the staff. There are not adequate registered nurses to monitor staff practices and mentor them to acquire adequate skills. There is no adequate funding to implement mentoring program for personal care staff.

CONCLUSIONS

Due to the physical living environment structure (buildings) in modern Aged Care facilities we need more staff to care for elderly. This means more registered nurses as well as personal care workers. We need to have appropriate and adequate mentoring programs for registered nurses who wish to enter into the Aged Care industry when they complete the general training. Personal care workers get minimum training on such a complex task. The Registered Training Organisations have moral and ethical obligations to the Aged Care industry and strictly adhere to the Victorian Registration and Qualifications Authority (VRQA) requirements which is to train people with adequate literacy levels. If these are not met, the knowledge gap will continue to widen and quality of care for elderly will suffer.

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THEME

**Optimising Knowledge Transfer Through
Effective Management Systems**

STREAMS

*Quality Management in Aged Care:
Allied Health Services-Removing Road Blocks
Responsibility of Aged Care Facility to the Consumer*

DATE
MAY 2012

LOCATION
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CO-HOSTS
Aged Care Division
Griffith Business School, Griffith University

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