PROMOTING TRANSFORMATIVE STUDENT LEARNING OPPORTUNITIES IN AGED CARE

Self-Directed Learning Package for Students on Clinical Placement

Student Name: ................................................................................................................................

Student Number: ..............................................................................................................................

RSL LifeCare
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Facilitator:
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Welcome

...and thank you for participating in this exciting pilot project.

We appreciate you taking the time to undertake this self-directed learning package.

This training will be followed up by briefing sessions for both students and staff, and will provide opportunity for any further questions to be answered.

This self-directed learning package needs to be worked through over your next three weeks placement and will be reviewed regularly by your facilitator at regular intervals.

Nursing in an aged care setting can be an extremely rewarding and diverse career path. Working with the older person requires extensive skills as residents often have comorbidities. The literature related to comorbidities in the aged care setting supports the need for wholistic person centered care.

Self-reported data from the Australian Bureau of Statistics (2012) (ABS) provides the opportunity to look at the prevalence of chronic disease comorbidity among the Australian population. Comorbidity data are presented for the following 8 chronic diseases (Australian Bureau of Statistics, 2012):

- Arthritis;
- Asthma;
- Back problems;
- Cancer;
- COPD (chronic obstructive pulmonary disease);
- CVD (cardiovascular disease);
- Diabetes; and
- Mental health conditions.

Comorbidity becomes more common as people get older. Nearly 4 in 10 Australians (39%) aged 45 and over have at least 2 of the 8 selected chronic diseases. This makes nursing in an aged care setting both challenging and rewarding (Australian Bureau of Statistics, 2012).
Please complete the following survey, you will be asked to conduct the survey again post clinical placement.

Mariani Nursing Career Satisfaction Scale

Directions

The purpose of this scale is to measure your feelings about the concept, my nursing career. This is not a test and there is no right or wrong answer. On the following page you will find a concept that is to be rated using a set of adjective scales similar to the example below. Here is an example of how to use the scale:

Happy: ___:___:___:___:___:___:___: Unhappy

Place an (X) toward the left of the scale if you feel that the adjective happy more closely represents your feeling and place an (X) toward the right of the scale if you feel unhappy more closely represents your feeling. You should place the (X) more closely to the adjective if you feel very strongly about the adjective.

Happy: __: X:___:___:___:___:___: Unhappy

If you are neutral or feel that the adjective is irrelevant, place an (X) in the middle space.

Happy: ___: __: __: X: ___:___:___: Unhappy

Make an independent judgment on each pair and work relatively quickly so that you are recording your first impression. Do not skip any adjective pairs and do not place more than one (X) on an adjective scale.

SEE APPENDIX 1: PRE- PLACEMENT ASSESSMENT
Introduction

This pilot project is being conducted in partnership with RSL Life Care.

The anticipated outcomes of the project are:

1. Improved student experiences in aged care placements
2. Increased capacity of the student to transfer knowledge, skills and attitudes to meet the needs of people aged 65 years or older across a range of settings
3. Enhancement of the existing partnership with RSL, through a close working relationship between ACU and RSL Life Care.
4. Increased capacity to translate the practice development model, as the preferred mode of supervision to other existing and newly created aged care providers in partnership with the education provider to promote a quality student experience in the aged care setting.
The learning objectives to be achieved by the students are:

1. Further develop their knowledge, skills & attitudes in care of the older person across a range of healthcare settings
2. Gained an increased capacity to translate their newly acquired knowledge, skills and attitudes to provide quality of care to meet the needs and challenges in caring for older people
3. Engaged in a model of practice development, focussed in aged care which promotes transformative learning opportunities to inform future practice.

Write an additional 2 learning objectives of your own based on your needs:

4. ____________________________________________________
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5. ____________________________________________________
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“Step into an RSL LifeCare residential aged care service and you can’t help but feel at home. We seek to make your experience warm and inviting, from our homelike design, to our comfortable community areas and private bedrooms, to our exceptional outdoor gardens and landscaped grounds. Look around and you’ll notice points of interest throughout the residence, and you may even spot one of our pets. And, of course, there are always the friendly smiling faces of our staff to ensure that each day spent here is a welcome one.

RSL LifeCare has been caring for and serving seniors since 1911 with a simple but compelling vision – to look after and give the best to war veterans who need assistance. Today, we are open to all Australians and are one of the most experienced and innovative providers of senior living services. Life is what you make it.

At RSL LifeCare we believe no two people are alike and we understand that the services each senior requires are never exactly the same. We call this our resident-centred approach to living. It begins with the resident and his or her needs. It results in choices – choices about day-to-day living, service and care options. In this way, we help maintain independence and dignity and provide the best possible lifestyle and service options. Our approach has made RSL LifeCare one the largest and most comprehensive senior living providers.”
(http://rsllifecare.org.au/)

Visit http://rsllifecare.org.au/ to review all the services RSL Life Care has to offer.
In RSL Life Care “People are encouraged and supported to pursue ongoing education to improve their knowledge and skills base in order to provide quality and innovative services”.

The VISION is;

“Continuing in the ANZAC spirit, we promote a unique community that fosters holistic care, individuality, learning and innovation.”

Together in achieving the vision, they VALUE:

- Care and service that reflect choice, integrity and respect;
- Staff that are skilled, dynamic and involved – essential to our success;
- Effective leadership and management that ensures the future of our Village; and
- The involvement of our Community.

Based on the vision and values of the organisation how do you think you will encompass these values whilst caring for residents at the home? What will you do to ensure you are working within the values of the organisation?

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“A knowledgeable person who is unable to apply that knowledge is little better than a practical person who has no knowledge to apply” (McDonald, 2011, p. 1)
Nursing in an Aged Care Setting

Nurses working in the aged care setting are frequently called upon to be advocates for the people they look after. They need to share values that respect life, freedom, equity, truth telling, and loyalty in their practice.

The philosophy behind nursing in the aged care setting builds upon the person as being unique, which may result in non-standard care.

The care provided needs to (McDonald, 2011, pp. 62-63):

- Blend with resident and family values and perceptions, by maintaining sensitivity to the personal uniqueness of each resident and respond to subtle changes in their situations and conditions.
- Maintain sensitivity to the personal uniqueness of each resident and respond appropriately.
- Respect the meaning that individuals hold about life and its purpose, events, priorities and their concept of “home”.
- Focuses on the person admitted for care, treatment and support and protection, whose need for nursing arises from a functional deterioration related to advancing age and increased morbidity.
- Takes place within a multi-disciplinary team including all those involved in the care of the older person, therefore maximising their functional ability, and ensuring the person is able to do as much for themselves as possible, therefore retaining independence.
- To enhance the person’s experience of life, through providing care that blends with the resident, family and social support system.
- To minimise harm if health is compromised, to enhance adaptations to their environment, and to provide end of life care, comfort and support, as required. Promotes positive attitudes towards ageing, and considers the cultural and spiritual well-being of the person, their families and colleagues.
What do you bring to the experience of Nursing in an Aged Care Setting?

**Knowledge** – Evidence based skills, theoretical and practical knowledge of aged care, life experience, and knowledge gained from experience with older adults outside of the work setting.

**Skills** – Evidence based skills, technical skills, communication skills, interpersonal skills and competencies.

**Attitudes** – Attitudes formed from working within Aged Care, and interactions with peers, family, and media.

发生在老人护理环境中获得的正面体验的关键是反思你现有的知识、技能和态度，并确定如何在照顾住在这个护理环境中的人时将其付诸实践。

从员工的角度来看，这包括：

- 传授知识，通过指导初学者，例如学生护士，让他们能够将他们在大学系统中获得的知识、技能和态度应用于实践中，为在护理环境中提供护理的个人提供护理。

从学生角度来看，这包括：

- 访问经验以帮助克服知识，并实现技能通过能力评估，以及

- 挑战态度并开放自己接受新的经验和新视角，并考虑个人、家庭和同事的文化和精神福祉。
Aged care attitudes and perceptions

It is important for staff and students to be aware of their attitudes and perceptions towards aged care and the role of nurses in this setting, and its influence on the care provided.

What are your attitudes towards the elderly?

☐ Positive  ☐ Neutral  ☐ Negative

Why?

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What are the student’s perceptions of nursing in an aged care setting going into their first placement? Do you have any concerns regarding your placement?

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Many students have part time jobs working in aged care, if you do, what is your perception, do you find it rewarding, just a job, or just a stepping stone to something else? Explain why?

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What is the role of the student nurse in an aged care setting?

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Practice Development

How do you learn effectively? Give examples of a situation where you have learned a new skill or gained knowledge in a specific area, what made that experience effective for your learning?

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Underpinning theories of effective learning are;

PRACTICE DEVELOPMENT

TRANSFORMATIVE LEARNING

TEACHING AGED CARE FACILITY CONCEPT

Professor Tracey McDonald, RSL LifeCare Professor of Ageing at ACU has developed “practice-driven research”, an approach that fully involves clinical nurses and carers in striving to understand the work they are doing and to improve it (McDonald, 2011).

The main concept we will concentrate on is Practice Development.

Practice Development is a continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformation of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy” (NSW Health, 2013)
The Transformational Learning Theory originally developed by Jack Mezirow is described as being "constructivist, an orientation which holds that the way learners interpret and reinterpret their sense experience is, central to making meaning and hence learning" (Mezirow, 1991)

Principles

- Adult exhibit two kinds of learning: instrumental (e.g., cause/effect) and communicative (e.g., feelings)
- Learning involves change to meaning structures (perspectives and schemes).
- Change to meaning structures occurs through reflection about content, process or premises.
- Learning can involve: refining/elaborating meaning schemes, learning new schemes, transforming schemes, or transforming perspectives.

What it looks like in the workplace

- Person-centeredness
- Lifelong learning
- Involvement & participation by stakeholders
- Evidence based practice
- Communication
- Quality Process
- Clinical Supervision
- Reflective learning

**Person-centeredness** – The provision of care that is developed with the client and their family in mind, not for them. This focuses on the uniqueness of the person in the aged care setting, and that care is to be tailored to their needs. This can be achieved by spending time with the person and their carers and family, and by acknowledging and respecting the culture, diversity and spirituality of the person. (Johnson & Chang, 2013, p. 71)
CASE STUDY

Jean — the power of person-centred care

Jean is an 86-year-old woman residing in a residential aged-care facility. Jean has four adult children; they take turns visiting with their partners once a month on Saturdays. Before entry to care, Jean was an active independent lady with a wide range of friends and social networks. Her peers would describe her as a polite, respectful lady with a well-meaning nature. Jean enjoyed gardening and walking her little dog Pepato. She entered a residential aged-care facility after a cerebrovascular event which resulted in impaired cognition and left-side paralysis. Jean also has several chronic conditions (including hypertension, diabetes and macular degeneration) and takes multiple medications on a daily basis to control her symptoms. Jean’s transition to the care environment has been a gradual process; she has developed several new friendships and she particularly enjoys group singalongs and a daily exercise program that is conducted in the facility’s auditorium.

Of late, Jean has become increasingly agitated, confused and verbally disruptive. Jean’s behaviour is distressing the other residents and herself. Communication is difficult for Jean as she is unsure why she is upset and often can’t find the words to express her feelings. Between periods of verbal outbursts, Jean sits quietly and stares out the window with a bewildered expression on her face. The nursing staff provides reassurance and she is encouraged to join the nurse-initiated complementary therapy program, which couples activities of aromatherapy, hand massage and music therapy.

Jean enjoys the one-on-one social interaction from the nursing staff attending to her care needs. This is demonstrated by her smile and words of appreciation. She begins to relax and words come more easily as she converses with the aged-care nurse about her family and past activities. She recognises the scent filling the air from the vapouriser and begins to chat about the flowers she passed on the way to school as a girl. When the nurse moves to the next person, she hears Jean quietly singing along with the music. Jean is reminded of these sessions by nursing staff throughout the day when she is anguish. Her eyes glaze over as she recalls the session. ‘Oh yes, I remember!’ she exclaims with a smile.
As a nurse in a residential aged care facility, what assistance could you offer Jean when she becomes anxious?

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What factors have contributed to Jean’s relaxation during the nurse-initiated sessions?

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What other nurse-initiated strategies may be beneficial for Jean?

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What are the main goals of person centred care and how can we achieve this model of care with our residents in an aged care setting?

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What are the obstacles to achieving person centered care in the aged care setting?

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Lifelong Learning – Career pathways and opportunities, including education, and experiential opportunities. This concept emphasises the need for lifelong learning, and to embrace new experiences and opportunities, and always be challenging perceptions and attitudes, and gaining knowledge and skills. Be willing to accept opportunities for change in practice, in order to provide more meaningful and unique care for the person in the aged care setting. An opportunity to do or learn something new, or to see something presented in a different way, is an integral part of the lifelong learning experience.

Involvement & participation by stakeholders – These are families, residents, carers and the multidisciplinary team. It expresses the importance of their involvement, and acknowledgement of their role in the care of the person in the aged care setting. It also involves teamwork which is working with team members, and utilising each other’s strengths to provide best practice care that is person centered.

Interview a Care staff member or a Recreational officer:

1. About the years of service they have had in aged care?
2. What training including on the job training, they have undertaken?
3. What they see their role to be in the aged care facility?
4. What is their role in relation to the RN in the facility? How do they work together with the RN to deliver good quality care?
Care staff in aged care facilities are at the front line of person centered care they spend more 1:1 time with the resident than the RN. It is because of this and the in depth relationships they have with the residents that the care staff are often the first to notice changes in our resident’s conditions. A shower may seem like a simple task however a good care staff member will be continually assessing the resident whilst undertaking this task. The nurse will;

1. Assess cognition, is the patient alert?
2. Assess communication? Is the patient communicating effectively?
3. Assess mobility and dexterity? Has there been any change since previous day? Is there any weakness noted
4. Are there any changes in the resident’s behaviour? Are they sad, agitated or aggressive today?
5. Assess skin integrity? Is the skin bred, broken, irritated or dry?
6. Assess continence? Has the resident had bowels open? Is the patient’s urine clear or is it offensive to smell? (UTI?)
7. Oral care- Does patient have any broken or chipped teeth, halitosis or oral thrush?

Attend to the personal care of your residents, whilst undertaking this task think of all areas of the person you can assess. What changes did you notice about the resident? And what did you do about it?

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Evidence Based Practice - This goes hand in hand with Practice Driven Research. To be able to demonstrate the evidence base for decisions, procedures, policies and management decisions, as well as being able to show that the evidence being used is both current & relevant (McDonald, 2011).

Communication – A transfer of information between a source and a receiver that includes verbal & non-verbal transmission of information. Effective communication is a fundamental nursing skill and can be described as empathetic, respectful, clear, attentive, honest & non-judgemental. This includes listening, which is the act of focussing on a story, comment, thoughts and/or feelings being shared by another person (Johnson & Chang, 2013, pp. 600-602). Building rapport is not always an easy concept, in order to engage with the person in the aged care setting, it is important to know their background, and their life story. Then you can talk to them about something that is meaningful to them. Examples are; Ask them what was their favourite item, or music when they were younger, and get them to tell you about it and the meaning it has for them. Ask them about their wedding day. Find out what their interests are/were and engage with them using these.

Please watch https://www.youtube.com/watch?v=c2eEmJxeSSQ “Beyond the teaching Nursing Home: Community partnership of learning care” Uni of Western Australia. You Tube. Duration 2:46

Engage in a conversation with your resident aim to find out as much about them as possible without being intrusive? What did you learn about your resident that you found interesting or challenged your beliefs about ageing?

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Quality process – To plan, act, review and improve, on key areas of care. To achieve good outcomes the following factors need to be in place (McDonald, 2011, p. 9):

- Commitment by all employees to achieving quality outcomes for the person in the aged care setting, and the organisation.
- Full participation by all levels of staff and management in the aged care facility in benchmarking processes (Gauging practice against other areas and service providers).
- Transfer of information to clinical and non-clinical practice that is effective, and supported by the organisation.

Clinical supervision – A formal process whereby we can examine our own behaviours and attitudes in our dealings with other people in the clinical setting. It is a confidential process (Johnson & Chang, 2013). It does not consist of criticism or praise, however assists the nurse to reflect on their assumptions, beliefs, the things they said or didn’t say to their patient, and the way they acted or didn’t act (Johnson & Chang, 2013).

Reflective learning - is the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective. This can be achieved through mentorship, or the use of a reflective journal. (Boyd & Fales, 1983)

Reflective thinking demands that you recognise that you bring valuable knowledge to every experience. It helps you therefore to recognise and clarify the important connections between what you already know and what you are learning. It is a way of helping you to become an active, aware and critical learner.
Practice Driven Research

A concept of practice development and transformative learning is Practice Driven Research.

Research comprises two fundamental steps. The first is to identify the problem, and the second is to ask a question or series of questions that will enable the problem to be better understood and perhaps solved (McDonald, 2011).

Practice Driven Research (PDR) goes hand in hand with Evidence Based Practice. It begins with an awareness of an issue or practice that requires further exploration, to ensure the results are relevant to the aged care setting, as they were hoped or assumed to be. The essence is acknowledging the expertise and experience of the nurse (McDonald, 2011).

It is essential that those nurses and therapists at a direct patient care level, receive feedback or the results of the information they collect. Data collections without results or change is not a practice driven approach.

Give an example where collection of data at the facility, facilitated a quality improvement activity or a change in practice that directly benefited the resident?

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Nurses who take responsibility for their own practice, undertake PDR and therefore are able to confidently determine the gains and benefits to the person in the aged care setting. The practice driven nurse engages relatives, colleagues and other residents in their PDR.
They key to change in practice is organisational support, and robust evidence to support the change, employee education and change management, including the orderly introduction of the newly formed systems or procedures.

Once an issue is identified, it is important to:

- Be aware of the knowledge around the issue, and the concern it is bringing to the nursing staff, or practitioners.
- Then disseminate that knowledge and information to people who can provide expertise to the issue that has arisen.
- Feasibility of the idea, considering time, skills, and cost involved. This will require organisational support.
- Discovery of new information around the issue.
- Assessment of the potential benefits of changing nursing treatment, compared with their current practice.

A more formulated approach to this concept can be achieved using the following strategies:

1. Set up framework that empowers people to participate
2. Assess capacity and identify deficits
3. Manage change
4. Participatory consultation
5. Development of working styles that allow the person in the aged care facility to exercise leadership and choice over the process

Prioritising ideas and developing research proposals

1. Deciding what is a good idea and what is not
2. Fleshing out the idea
3. Why is this a good idea?
4. Communication plan
5. What will success look like?

Further reading on this concept can be carried out in Practice Driven Research by Tracey McDonald 2011, Chapter 1.
Case Studies

Please read through the following case studies, to see aspects of Practice Development in action;

CASE STUDY

Not quite home

A new residential aged-care facility (RACF) was commissioned in a large regional town. This new facility had been long awaited by the community due to the increasing aged-care population. The design of the new building included single rooms with ensuite bathrooms, large spacious sitting areas and separate houses or wings where residents were grouped together according to their care needs — that is, high care, low care and dementia care, with each house replicating a ‘homelike’ environment. Many of the residents were admitted directly from the hospital, which had been acting as a long-stay rehabilitation service while the new aged-care facility was being commissioned. Of these residents, 15 were Indigenous Australians, 19 were Australians of European descent and 3 were of Dutch origin. The long-stay ward in the local hospital had shared bedrooms and common bathrooms, and communal dining and living areas. While the new facility was modern in both design and provision of amenities, the residents who had transferred from the older hospital building took a long time to settle into their new surroundings. Many verbalised their wish to return to their old hospital ward environment as it was familiar and they knew the staff there. This new building was not ‘home’ to the residents and they missed the cultural cohesion they had in the old hospital ward.

The facility’s design was the product of thorough research and was practical in nature, built both for the care needs of the residents and the operational needs of the home. However, the importance of the social and cultural requirements of the residents was overlooked. Most of the people had resided together for several months — some up to a year while waiting for the home to be finalised. Certainly, there was a mix of ethnic groups, but these people had developed their own ‘subculture’ in the old home. The geographical isolation of the medium-sized town also contributed to the particular culture in which the residents were situated.

The facility managers recognised that, while the building itself couldn’t be greatly changed, small modifications could make a difference in supporting these residents and that routines, staffing and activities needed to mimic their old lifestyle as much as possible. A resident (and family) committee was formed and worked with the management to reinstate the culture that these residents craved.
These case studies will be further discussed in the briefing sessions with your facilitator.

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CASE STUDY

Communicating effectively

Mandy has just accepted her first job as a newly-graduated registered nurse and has started work at an aged-care facility. She had not really thought about what this position would involve, and quickly found she hated it as she felt out of her depth and not in control. Prior to her nursing studies, Mandy was a secretary to a corporate executive, where she had enjoyed a high level of structure that included filing and administration, and ticking off what she had done in a day. Now, she was concerned that she would not do well as she had no idea of what was involved in this nursing role. She had had little contact with older people as her grandparents died when she was very young. One old lady was particularly difficult and Mandy dreaded dinner time, when she would have to approach her. The old lady could not hear anything Mandy said and always seemed so angry and demanding. Once, Mandy had added cold water to her tea as she worried that this lady would spill it; however, she was made to take it back and make another one after the tea trolley had gone. One afternoon, Mandy spent her break in the toilet quietly crying and dreading being found — she felt whatever she did was wrong, and this feeling was both new to her and unwanted.

After a week off due to a bad cold and cough, Mandy went back to work and was told she was going on a communication course. All Mandy could feel was anxiety, as she thought she had been asked to go because she had proved to be so bad at communicating. However, she found the course to be fun. It focused on communicating with older people and made the point that they are not like children: they are merely older with some frailties that make communication harder, but not impossible. Mandy was told that communication just takes patience and time. After a day of role-plays — where Mandy had to play an older woman as well as a relative coming to visit — she began to see what she had been doing that had been making the resident even angrier. Mandy thought about the cold tea incident. Cool tea may be safer but, if not asked for, then it is disappointing and annoying! She also watched a short educational video that gave her an insight into the daily life of an older person in an aged-care facility and the changes and losses they experienced. Mandy went back to her nursing role feeling better, determined to provide the care she thought nurses were educated in. She sat down with the resident who was often angry and asked for her name. After a good ten minutes of fiddling with her cushion and blanket and then her hearing aid — during which time Mandy sat quietly and waited — Mandy repeated her question. The resident replied gruffly: 'My name is Elizabeth, but people call me Betty.' Betty then said 'Hmm... go and get my tea and make sure it isn't cold like last time. I cannot stand a cold cup of tea.' When Mandy got back with the tea, she sat with Betty for a while. She decided she would find out about Betty's background and how she used to live.
The aim is for nurses in the aged care setting to:

- Be advocates
- Facilitate a supportive environment
- Welcome families and carers to participate in the person's care
- Improve practice through Practice Driven Research
- Support a learning culture
- Recognize the critical importance of the role to the longevity and quality of life of the people they care for
- Have the ability to define the care they provide in the context of aged care
- Display pride in working within the aged care setting

There are many differences in the role of a Registered Nurse working in an aged care facility as compared to an acute care ward. Write down some of the differences (consider ratios, supervision, role, shifts, skills needed, and workload):

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References


MARIANI NURSING CAREER SATISFACTION SCALE
MY NURSING CAREER

Students Name: ____________________________________________

Taking into consideration your overall career in nursing, use the following scale to rate how you feel about your nursing career. Place an (X) at the place on the scale that most accurately represents your feeling about your nursing career.

Satisfied :___:___:___:___:___:___:___: Dissatisfied
Fulfilled :___:___:___:___:___:___:___: Discouraged
Stimulated :___:___:___:___:___:___:___: Bored
Discontent :___:___:___:___:___:___:___: Content
Accomplished :___:___:___:___:___:___:___: Defeated
Successful :___:___:___:___:___:___:___: Unsuccessful
Worthless :___:___:___:___:___:___:___: Valued
Secure :___:___:___:___:___:___:___: Insecure
Gratified :___:___:___:___:___:___:___: Disappointed
Enjoyment :___:___:___:___:___:___:___: Distressed
Pessimistic :___:___:___:___:___:___:___: Optimistic
Confident :___:___:___:___:___:___:___: Doubtful
Rewarded :___:___:___:___:___:___:___: Frustrated
Unreliable :___:___:___:___:___:___:___: Dependable
Meaningful :___:___:___:___:___:___:___: Not meaningful
Proud :___:___:___:___:___:___:___: Ashamed

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Mariani Nursing Career Satisfaction Scale (MNCSS) Pre-placement
MARIANI NURSING CAREER SATISFACTION SCALE
MY NURSING CAREER IN AN AGED CARE SETTING

Students Name: __________________________

Taking into consideration your overall career in nursing, use the following scale to rate how you feel about your nursing career. Place an (X) at the place on the scale that most accurately represents your feeling about your nursing career.


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Mariani Nursing Career Satisfaction Scale (MNCSS) Pre-placement
Appendix 2: Post-Placement Assessment

MARIANI NURSING CAREER SATISFACTION SCALE
MY NURSING CAREER

Students Name: ____________________________________________

Taking into consideration your overall career in nursing, use the following scale to rate how you feel about your nursing career. Place an (X) at the place on the scale that most accurately represents your feeling about your nursing career.

Satisfied :___:___:___:___:___:___:___: Dissatisfied
Fulfilled :___:___:___:___:___:___:___: Discouraged
Stimulated :___:___:___:___:___:___:___: Bored
Discontent :___:___:___:___:___:___:___: Content
Accomplished :___:___:___:___:___:___:___: Defeated
Successful :___:___:___:___:___:___:___: Unsuccessful
Worthless :___:___:___:___:___:___:___: Valued
Secure :___:___:___:___:___:___:___: Insecure
Gratified :___:___:___:___:___:___:___: Disappointed
Enjoyment :___:___:___:___:___:___:___: Distressed
Pessimistic :___:___:___:___:___:___:___: Optimistic
Confident :___:___:___:___:___:___:___: Doubtful
Rewarded :___:___:___:___:___:___:___: Frustrated
Unreliable :___:___:___:___:___:___:___: Dependable
Meaningful :___:___:___:___:___:___:___: Not meaningful
Proud :___:___:___:___:___:___:___: Ashamed

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Mariani Nursing Career Satisfaction Scale (MNCSS) Post placement
Students Name: ____________________________________________

Taking into consideration your overall career in nursing, use the following scale to rate how you feel about your nursing career. Place an (X) at the place on the scale that most accurately represents your feeling about your nursing career.

Satisfied :___:___:___:___:___:___:___: Dissatisfied
Fulfilled :___:___:___:___:___:___:___: Discouraged
Stimulated :___:___:___:___:___:___:___: Bored
Discontent :___:___:___:___:___:___:___: Content
Accomplished :___:___:___:___:___:___:___: Defeated
Successful :___:___:___:___:___:___:___: Unsuccessful
Worthless :___:___:___:___:___:___:___: Valued
Secure :___:___:___:___:___:___:___: Insecure
Gratified :___:___:___:___:___:___:___: Disappointed
Enjoyment :___:___:___:___:___:___:___: Distressed
Pessimistic :___:___:___:___:___:___:___: Optimistic
Confident :___:___:___:___:___:___:___: Doubtful
Rewarded :___:___:___:___:___:___:___: Frustrated
Unreliable :___:___:___:___:___:___:___: Dependable
Meaningful :___:___:___:___:___:___:___: Not meaningful
Proud :___:___:___:___:___:___:___: Ashamed
Appendix 3: Post-Placement Evaluation

Please complete the following questions in relation to the aged care placement:

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Good</th>
<th>Good</th>
<th>Ok</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Placement experience as a whole was</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Placement was clear to me why I needed to attend and learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Facilitator was knowledgeable and organised</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Facilitator was enthusiastic and interesting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Facilitator actively involved me in learning experiences</td>
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<td></td>
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</tr>
<tr>
<td>The Facilitator provided clear direction and feedback</td>
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<tr>
<td>I'm satisfied that the objectives of the placement were achieved</td>
<td></td>
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<tr>
<td>The facility was suitable for the placement.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>My knowledge on aged care nursing before the placement WAS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My knowledge on aged care nursing is NOW after the placement:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My skill capability on aged care nursing before the placement WAS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My skill capability on aged care nursing is NOW after the placement:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My attitude toward aged care nursing before the placement WAS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My attitude toward aged care nursing is NOW after the placement:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My likelihood of working in aged care nursing after graduation is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write 2 ways you views on the elderly has changed as an outcome to this placement:

a. ........................................................................................................................................
b. ........................................................................................................................................

How can the placement experience be improved for future students?

a. ........................................................................................................................................
b. ........................................................................................................................................