

Burning Out at the Bedside: Addressing the Aged Care Nursing Workforce Crisis Through Policy Reform and Leadership

Lorraine Michelle Curammeng, RN

Registered Nurse, Aged Care Sector, Australia

Abstract

Background: The aged care nursing workforce in Australia and other countries of similar economic status is currently facing a severe crisis. Insufficient staffing, a high rate of turnover, and a disturbing level of nurse burnout have severely jeopardized the future of aging care programs. In particular, the onset of the coronavirus outbreak has highlighted the structural vulnerability of this type of medical care, especially in terms of the growing burden of nurses who are not adequately acknowledged for their efforts. Although there have been new policy changes introduced recently, such as compulsory care minutes in Australia, this process does not address the ongoing problem.

Objective: The following paper explores the relationship between the phenomenon of nurse burnout, workforce policy and leadership within the context of aged care nursing. The paper posits that workforce attrition goes beyond the need to offer an incentive package or appropriate nurse-to-patient staffing ratios and that there is a need to reposition aged care nurses as key stakeholders in the policy domain rather than only providers of service.

Methods: A critical analysis of relevant research articles, workforce statistics from governments, and position papers from peak bodies is provided in this paper. Some of the major sources that will be cited in this paper include Royal Commission into Aged Care Quality and Safety (Australia, 2021), International Council of Nurses Global Nursing Workforce Report, and recent peer-reviewed journal articles on the prevalence of and factors leading to burnout among aged care workers in the residential and community aged care sectors.

Key Findings: The research literature consistently indicates that the following three factors play an increasingly significant role in fostering burnout among nurses in aged care: moral distress caused by the practice of rationing care, institutional discrimination against nurses' participation in organisational and policy decision-making processes, and lack of funding for further professional development. Emotionally, nurses employed in aged care experience higher levels of emotional exhaustion and depersonalisation compared to their peers in other fields, despite the fact that access to mental health resources is restricted. Importantly, current approaches to retaining nursing staff in aged care, which include remuneration and education scholarships, do not deal with the issue psychologically and professionally.

Conclusion: The issue of the shortage of the aged care nursing workforce cannot simply be addressed through resourcing; this is a leadership and policy issue. Those on the ground in aged care have unique, first-hand information about the needs of aged residents as well as the deficiencies of current practices. For any long-term solution to this workforce shortage issue, it is necessary that the perspectives and experiences of nurses working in aged care be taken into account when devising workforce policy solutions. In this paper, it is argued that governments, regulatory bodies, and aged care providers must include nurse-led consultative groups in their workforce planning, develop leader training programs for aged care nurses, and implement surveillance for aged care provider burnout across the nation.

Keywords

Aged care nursing, workforce burnout, nurse leadership, healthcare policy, retention, moral distress, workforce reform.