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Negativity surrounds aged-care nursing

A nursing lecturer offers his views on why new nurses avoid aged care as a career.

By Jed Montayre

Aged-care nursing remains the least popular career pathway for young nurses,^{3,7} despite huge efforts to showcase the opportunities and promote the value of working in this specialty.

Various studies have explored why new nurses are not choosing aged care.^{4,5,6,8} Factors identified include preferring other fields of nursing, such as acute care; and feeling the need to learn certain clinical skills which aged-care nursing cannot offer.^{3,6} Another factor is new nurses having an impression of aged care that they do not openly admit to, nor discuss. This is the belief that aged-care nursing is not the dream job, is less stimulating than other specialties and only serves as the second – or even the last – option when no jobs are available in their preferred practice area.

Whether it is regarded as acceptable or not, nurses do tend to like to be ranked in terms of who is seen to be more skilled, who can do more and who knows more. This attitude could be put down to innate human competitiveness; however, it could also mean there is still a tendency for nurses to be hierarchical and status-conscious.

New nurses proudly present themselves as medical-surgical nurses, emergency nurses, theatre nurses, and other specialties believed to involve “real” nursing activities – where the notion of “saving lives” is directly observable. This attitude makes new nurses working in aged care feel they work in an unexciting environment, with monotonous daily routines, and that they lack the sophisticated skills required of a “proper” nurse.

These attitudes about aged-care nursing have deep roots – they are embedded in the beliefs of some older nurses, who are handing down this negativity to new nurses and pushing them away from the sector. These older nurses can be divided into three groups: those who used to work in aged care, those who currently work in aged care due to lack of choice, and those who have never worked in aged care because they consider it an inferior type of nursing.

1) Nurses who have left aged care

Some nurses leave aged care in a bitter frame of mind, driven out by issues like low pay, job dissatisfaction and lack of professional support.^{1,2} These issues are not new – debate about the changes needed to improve the working conditions in the sector has been going on for years. However, improvements have been achieved and it is damaging for nurses embittered by their own experiences to negatively influence a new generation of nurses, pushing them away from working in aged care.

2) Nurses who currently work in aged care due to a lack of options

These are nurses working in aged care who are negative about it because they don't want to be there but had no other choice for a nursing job. They may not give the best of their skills and abilities due to lack of interest. This can make them less-than-ideal role models to younger nurses in how to care for older people, and pose a risk to patient safety. It may also lead to high staff turnover and increasing job dissatisfaction in the sector.



Jed Montayre – nurses can be hierarchical and status-conscious.

A passion for aged-care nursing may not occur naturally for some – experience and time may be needed to cultivate this. However, when nurses already working in the sector treat it as second best, it lessens the value of the specialty, and discourages new nurses from taking the time to develop that passion.

Young and new nurses can be apprehensive about working in aged care due to the autonomy required of registered nurses – this is a more valid reason for avoiding the sector, which is rarely mentioned in literature and may require further investigation. What stud-

ies regularly find, however, is the impression that aged-care nursing is less stimulating and challenging than other nursing roles.

3) Nurses who don't want to work in aged care and have a negative view of it

These nurses think aged-care nursing is an inferior form of nursing, and therefore is the place where less capable nurses should work. I call this “professional stereotype of inferiority within nursing” (PSIN). The belief behind this attitude is that nurses with “sophisticated” clinical skills, who can do more complex tasks, are “life-savers”, while those with more limited specialised abilities are inferior and make much less of a contribution to saving lives.

This mindset is dominant among nurses who have never worked in aged care but have pre-conceived ideas and stereotypical attitudes about it. These ideas have evolved from the fact that care for older people does not usually involve clinical sophistication and is often geared away from aggressive interventions.

There is also the attitude that nurses who prefer to work in aged care are scared of working in an acute environment, and cannot cope with a fast-paced working environment. Thus they are more suited to looking after patients who have more than a 50 percent chance of dying or who are heading for end-of-life care.

Paradigm shift needed

Aged-care nursing is not popular among new nurses, because they have seen, heard and experienced negativity about it, from nurses who used to work in the sector, those currently working in it and those who have pre-conceived negative attitudes. These attitudes are part of a whole complex picture, but are hard to shift, because they come from within. Shifting our worldview away from commonly held beliefs is challenging. It is even harder when those beliefs are difficult to isolate because they are not explicit or openly discussed.

Until nurses start being positive about aged care, regardless of their past experiences; until gerontology is holistically integrated into the nursing curriculum; and until the profession works to counter PSIN, the negativity of each new generation of nurses about working in aged care will remain. •

**The references for this article are on p39.*

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