

How nurses working in aged/residential care improve health outcomes

Nurses working in aged and residential care settings provide nursing care to older adults requiring care and support as they age. Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health (Nursing Council of New Zealand, 2010). There is increasing evidence to demonstrate the impact nurses have on improving health outcomes and quality of life for people requiring residential care.

Examples

Repeated measures design: Registered nurses as part of a small team undertaking comprehensive clinical assessments and developing person-appropriate interventions of people in residential care exhibiting challenging behaviours, resulted in reduced anti-psychotic use, and significant improvements in behaviour and carer distress (Bird, Llewellyn-Jones & Korten, 2009).

RCT: Development of an activity programme incorporating goal-setting, nursing assessment, and development of a plan to promote independence by registered nurses resulted in improved health status of residents participating in the programme (Peri, et al.,2008).

RCT: Registered nurses supervising or assisting residents to undertake simple range of motion exercises over a 4 week period resulted in significantly increased joint angles, improved activities of daily living function (significant improvements in the group where RNs physically assisted residents), decreased perceptions of pain, and improved depressive symptoms (Tseng, et al., 2007).

Retrospective study: Registered nurses providing 30 to 40 minutes direct care to residents was associated with significantly fewer urinary tract infections and catheterisations, fewer hospitalizations, less deterioration in the ability to perform activities of daily living, and more use of nutritional supplements (Horn, et al., 2005).

Case Study

Agnes is 86 years old and has been living in a low-level dependency residential care facility for the past 2 years. Agnes has been diagnosed with congestive heart failure, diabetes and arthritis. While Agnes copes well with her conditions, in recent months she has become increasingly frail and her family and nursing staff are concerned she is losing her mobility. The registered nurse undertakes a comprehensive assessment with Agnes and her family and together they develop a comprehensive activity and independence plan to increase Agnes' mobility and independence. After 4 weeks, Agnes tells the nurse that she is feeling more confident and is able to undertake more self care activities.

Qualitative research supports Agnes' experiences, suggesting that older adults participate in activities to increase mobility for the personal benefits such as improved health and opportunities to socialize (Guerin, Mackintosh & Fryer, 2008). Older adults

living in residential care facilities gain considerable comfort from the relationships they form with health professionals (Bland, 2007).

Bottom Line

The examples given provide growing evidence of the role of registered nurse in improving health outcomes and addressing the complex needs of people in aged and residential care settings. The evidence supports registered nurses working in these settings undertaking interventions both as part of a collaborative team and autonomously. Registered nurses working in aged and residential care settings are key to improving health outcomes among people residing in such settings, particularly where staff numbers are sufficient to ensure nurses can spend quality time with residents.

All literature referred to in this position statement is available from the NZNO library: library@nzno.org.nz

References

- Bird, M., Llewellyn-Jones, R., & Korten, A. (2009). An evaluation of the effectiveness of a case-specific approach to challenging behaviour associated with dementia. *Aging & Mental Health*, *13*(1), 73-83.
- Bland, M. (2007). Betwixt and between: A critical ethnography of comfort in New Zealand residential aged care. *Journal of Clinical Nursing*, *16*(5), 937-944.
- Guerin, M., Mackintosh, S., & Fryer, C. (2008). Exercise class participation among residents in low-level residential aged care could be enhanced: A qualitative study. *Australian Journal of Physiotherapy*, *54*(2), 111-117.
- Horn, S. D., Buerhaus, P., Bergstrom, N., & Smout, R. J. (2005). RN staffing time and outcomes of long-stay nursing home residents: Pressure ulcers and other adverse outcomes are less likely as RNs spend more time on direct patient care. *American Journal of Nursing*, 105(11), 58-71.
- Nursing Council of New Zealand. (2010). *Registered nurse scope of practice*. Wellington: Nursing Council of New Zealand.
- Peri, K., Kerse, N., Robinson, E., Parsons, M., Parsons, J., & Latham, N. (2008). Does functionally based activity make a difference to health status and mobility? A randomised controlled trial in residential care facilities (the promoting independent living study; PILS). *Age & Ageing*, *37*(1), 57-63.
- Tseng, C., Chen, C. C., Wu, S., & Lin, L. (2007). Effects of a range-of-motion exercise programme. Journal of Advanced Nursing, 57(2), 181-191.

Principal author: Jill Clendon, Nursing Adviser/Researcher

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

© 2011 This material is copyright to the New Zealand Nurses Organisation.

Apart from any fair dealing for the purpose of private study, research, criticism or review, as permitted under the Copyright Act, no part of this publication may be reproduced by any process, stored in a retrieval system or transmitted in any form without the written permission of the Chief Executive of the New Zealand Nurses Organisation (NZNO), PO Box 2128, Wellington 6140.