



**2010 National Conference of
EMERGING RESEARCHERS IN AGEING**
“Getting the right skill mix”

ABSTRACTS & PROCEEDINGS



Supported by

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**PRIORITY RESEARCH CENTRE
GENDER, HEALTH AND AGEING**



MONASH University

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EMERGING RESEARCHERS IN AGEING CONFERENCE **“Getting the right skill mix”**

The 9th Emerging Researchers in Ageing conference will take place at the Newcastle City Hall on Thursday 21st and Friday 22nd October, and will be convened by Professor Julie Byles and Associate Professor Lynne Parkinson of the Research Centre for Gender, Health and Ageing at the University of Newcastle.

For the first time in 2010, the conference will be extended over two full days, with three postgraduate workshops held concurrently on the morning of the first day, and the conference starting after lunch on the first day.

The conference is organised around the theme: **“Getting the right skill mix”**. Emerging researchers in ageing come from many disciplines, and gerontology is known as a transdisciplinary field, where the broadest range of skills is needed to equip the new researcher. This conference will provide opportunities to explore the different skills needed for an emerging ageing career, including workshops that offer a choice of methodological and academic approaches.

www.era.edu.au/ERA+2010



INVITATION



The **Research Centre for Gender, Health and Ageing** at The University of Newcastle is delighted to be hosting ERA 2010; the 9th National Conference of Emerging Researchers in Ageing. ERA 2010 will build upon the previously successful ERA conferences held in Queensland, Adelaide, Perth, Sydney and this year will see the conference taking place in Newcastle on 21st and 22nd October.

Ageing is one of the most important changes affecting both individuals and populations, and population ageing is one of the greatest challenges and opportunities for this century. The previous ERA conferences have supported Australian emerging researchers conducting research in this important field. This conference will continue this tradition and bring together PhD, Professional Doctorate, Masters and Honours student researchers from across Australia representing a range of disciplines, together with academics, practitioners and policy makers. This conference will provide a wonderful opportunity for networking for the next generation of researchers, academics, practitioners and policy makers.

It gives us great pleasure to extend this invitation to you to attend ERA 2010 and actively participate in this exciting and important program.

Best wishes,

A handwritten signature in black ink, appearing to read 'Julie Byles', written in a cursive style.

Professor Julie Byles
Director
Research Centre for Gender, Health and Ageing
The University of Newcastle



KEYNOTE SPEAKER



Gita Mishra has recently been appointed as Professor of Life Course Epidemiology at the School of Population Health, University of Queensland. Prior to this she was a programme leader at the Medical Research Council (MRC) Unit Lifelong Health and Ageing, University College London (UCL), where she led the programme on Lifetime lifestyles and social environment in relation to health and ageing outcomes. She is an author of more than 130 peer-reviewed publications as well as 18 book chapters. More recently she co-edited a book that covers both the theory and practice of family based studies, entitled *Family Matters in Life Course Epidemiology* and published by Oxford University Press in April 2009.

Professor Mishra has addressed numerous methodological challenges in analysing data across the life course from the issues of measurement errors and missing data, to the techniques of modelling trajectories. She has also instigated and collaborated on several research projects ranging across many aspects of women's health, from the experience of menopausal transition to the role of socio-economic status on health inequalities. Her longstanding interests include: statistical methodology for longitudinal studies, constructing measures of dietary patterns, life course approach to health, and women's health.

KEYNOTE ADDRESS

New directions in ageing research: life course epidemiology and cross-cohort comparisons

Ageing is a grand challenge facing society. Life course approach to ageing studies how factors acting across the whole of life affect health and well-being. We shall discuss some of the latest developments in life course epidemiology - from the testing of theoretical models, to the use of family-based studies and cross-cohort comparisons. We shall discuss how comparing relationships within and between different family members can clarify the mechanisms underlying associations in life course studies and help to determine causality. Similarly, the finding of robust associations across cohorts between risk factors and ageing phenotypes can help to establish causality. Examples will be drawn from a range of life course studies.

This session is sponsored by



POSTGRADUATE SPEAKER



Dr Felicity Barr is Chairman of the ANZAC Health and Medical Research Foundation, President of the Australian Association of Gerontology (Hunter Chapter) and Chairman of the Advisory Board of the Research Centre for Gender, Health and Ageing at the University of Newcastle. She also is a council member of the Ageing and Alzheimer's Research Foundation, a member of the Advisory Committee of Chairmen, Australian Association of Medical Research Institutes, an Independent Member of the Audit & Risk Management Committee of the Hunter New England Area Health Service and a member of the NSW State Executive Committee of the Australian Association of Gerontology. Following a career within the Australian Public Service, including

senior executive positions within the Department of Veterans' Affairs, she has undertaken a number of consultancies and board memberships in the not-for-profit sector. Such roles have included non-member Director and Chair of the War Widows' Guild of Australia (NSW), and Chair of the Ministerial Advisory Committee on Ageing for the NSW Government.

Abstract: Even an elephant doesn't gestate this long!

The story begins with a failed love affair, a dose of sibling rivalry and the need to earn a living. It continues in the usual way with love and marriage, war and peace, political intrigue and bureaucratic boredom. After forty years, the denouement comes with the award of a PhD. The next chapter is still being written; who knows how it will end?

Felicity's qualifications are Doctor of Philosophy and Master of Health Science (Gerontology) from the University of Sydney and Bachelor of Arts from LaTrobe University. She is a Fellow and holds the Diploma of the Australian Institute of Company Directors, and a Fellow of the Australian Association of Gerontology.

WORKSHOPS

The 2010 conference will feature three postgraduate student workshops to be held concurrently on the morning of Thursday 21st October 2010:

- | | |
|--|----------------|
| 1. Issues in mixed methods research | Hunter Room |
| 2. Issues in quantitative research | Mulubinba Room |
| 3. Writing and reviewing for publication | Newcastle Room |

Issues in Mixed Methods Research

Dr Pat Bazeley, Centre for Primary Health Care and Equity, University of New South Wales and Director/ Research Consultant, Research Support Pty Limited. An internationally renowned expert on mixed methods research.

'Mixed methods' is used as a generic term to describe research in which more than one approach is taken to answering the question/s asked in a particular study, resulting in the combination of multiple elements of design, types of data, and/or analysis strategies.

Implementation of integrated approaches to social and human services research is currently becoming more accepted, and strategies for implementation are being further developed.

This program is designed to extend researchers' awareness with regard to mixed methods research, and of the possibilities and issues raised by such strategies

This workshop is sponsored by HMRI Public Health Program Capacity Building Group



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HEALTH

Writing and Reviewing for Publication

A/Prof Lynne Parkinson, Senior Research Fellow, Research Centre for Gender, Health and Ageing, University of Newcastle; Editor in Chief of "Australasian Journal on Ageing" and **Professor Jeni Warburton**, John Richards Chair of Rural Aged Care Research, La Trobe University.

Scholarly writing is an essential academic skill, and can be useful for practitioners and others who want to share achievements in practice or debate change in policy. There are some fairly simple tips that journal editors can provide authors to improve the quality of manuscripts and increase publication chances. This half day workshop will focus on the editorial perspective. Short presentations will include:

- writing for publication (approaches and tips)
- journal manuscript requirements
- the review process
- becoming a journal reviewer

A central feature of the workshop will be brief review of manuscripts in small groups, with support from the facilitators. The workshop will be interactive and include open discussion.

This workshop is sponsored by



Issues in Quantitative Research

Prof Catherine D'Este, Chair in Biostatistics, School of Medicine and Public Health, Faculty of Health, University of Newcastle.

This workshop will be interactive and include open discussion. There will be some short presentations in this half day workshop which will focus on the why, when and how of planning statistical analyses. The workshop will also provide trouble shooting for some of the quantitative issues in your doctoral work, so come along prepared to ask lots of questions and to share your challenges.



PROGRAM

TIME	ROOM	SESSION DETAILS
Thursday 21st October		
8.45 am - 9.30 am	Hunter and Banquet Rooms	Registration (Hunter Room) and Morning tea (Banquet Room)
9.30 am - 12.15 pm	Hunter, Mulubinba and Newcastle Rooms	Pre-conference postgraduate workshops (see previous page for workshop details)
12.15 pm - 1.00 pm	Hunter and Banquet Rooms	Registration (Hunter Room) and Lunch and poster display (Banquet Room)
1.00 pm - 2.10 pm	Hunter Room (Second Floor)	1.00 - 1.10 Welcome to ERA 2010 and Welcome to Country 1.10 - 1.20 Conference Opening and Welcome - Prof. Helen Bartlett, Pro-Vice Chancellor, Monash University Gippsland Campus 1.20 - 1.30 Welcome - Prof. Julie Byles, Director RCGHA, University of Newcastle 1.30 - 2.10 Keynote Speaker - Prof. Gita Mishra, Professor of Life Course Epidemiology, School of Population Health, University of Queensland
2.10 pm - 2.40 pm	Banquet Room (Ground Floor)	Afternoon tea and poster display
2.40 pm - 4.00 pm	Hunter, Mulubinba and Newcastle Rooms	Session 1 Concurrent papers 2.40 - 3.00; 3.00 - 3.20 ; 3.20 - 3.40; 3.40 - 4.00
4.00 pm - 5.20 pm	Hunter, Mulubinba and Newcastle Rooms	Session 2 Concurrent papers 4.00 - 4.20; 4.20 - 4.40; 4.40 - 5.00; 5.00 - 5.20
5.30 pm	Banquet Room (Ground Floor)	Welcome Reception and posters
Friday 22nd October		
8.45 am - 9.00 am	Hunter Room (Second Floor)	Welcome to Day 2
9.00 am - 9.40 am	Hunter Room (Second Floor)	Postgraduate Speaker Dr Felicity Barr
9.40 am - 11.00 am	Hunter, Mulubinba and Newcastle Rooms	Session 3 Concurrent papers 9.40 - 10.00; 10.00 - 10.20; 10.20 - 10.40; 10.40 - 11.00
11.00 am - 11.20 am	Banquet Room (Ground Floor)	Morning tea and poster display
11.20 am - 12.40 pm	Hunter, Mulubinba and Newcastle Rooms	Session 4 Concurrent papers 11.20 - 11.40; 11.40 - 12.00; 12.00 - 12.20; 12.20 - 12.40
12.40 pm - 1.40 pm	Banquet Room (Ground Floor)	Lunch and poster display
1.40 pm - 3.00 pm	Hunter, Mulubinba and Newcastle Rooms	Session 5 Concurrent papers 1.40 - 2.00; 2.00 - 2.20; 2.20 - 2.40; 2.40 - 3.00
3.00 pm - 3.20 pm	Banquet Room (Ground Floor)	Afternoon tea and poster display
3.20 pm - 4.00 pm	Hunter Room (Second Floor)	Prize giving and conference close Prof. Helen Bartlett, Pro-Vice Chancellor, Monash University Gippsland Campus

EMERGING RESEARCHERS IN AGEING CONFERENCE – FINAL PRESENTERS’ PROGRAM

Thursday 21 October – Afternoon sessions

2.40 pm – 4.00 pm

Session 1 SOCIAL INCLUSION / SOCIAL ISOLATION	Session 2 HEALTH CARE STAFF ATTITUDES AND APPROACHES TO CARE	Session 3 LIFE AND LEARNING
HUNTER ROOM Chair: Helen Bartlett	MULUBINBA ROOM Chair: Felicity Barr	NEWCASTLE ROOM Chair: Julie Byles
1A Kylie Agllias Later-Life family estrangement: Insights into living after an adult child ceases contact	2A Lynne Slater The incongruence between positive and negative attitudes in the care of the older person in acute care: A qualitative perspective for health care staff	3A Jeaninne Liddle Do art and music making activities contribute to health and health-related quality of life in older women?
1B Pamela Coutts Is Ageing a Barrier to using the Internet and Mobile Telephone?	2B Janice Taylor Staff Manual handling and Resident Transfers On and Off Furniture, A systematic review	3B Daniel DeSouza Using exercise to improve functional wellbeing in semi-dependent older adults accessing day respite
1C Sandra Bateman Measuring the social impact of physically demanding labour among older volunteers	2C Michael Preece Knowledge Management: A residential aged care perspective	3C Margaret Simmons Transformations: Transcripts to Poetic Representations
	2D Trevor Hilaire Sustainable residential aged care: the influence of environment on carer work satisfaction and stress – results to date	

4.00 pm – 5.20 pm

Session 4 COGNITIVE DECLINE AND DEMENTIA	Session 5 DEMENTIA AND COMMUNITY CARE	Session 6 AGEING AND CONTEXT
HUNTER ROOM Chair: Jeni Warburton	MULUBINBA ROOM Chair: Lynne Parkinson	NEWCASTLE ROOM Chair: Matthew Carroll
4A Lisa Whitson Variations in strategy contribute to age differences in executive functioning: evidence from behavioural, electrophysiological and cognitive modelling data	5A Sirikul Karuncharernpanit Pilot Study of an Exercise Program for older Adults with Dementia in Thailand	6A Beth Fuller The Active Living Framework – mediating physical activity for older people
4B Chantelle Vonarx Exploring the differential effects of ageing on controlled and automatic inhibitory tasks	5B Dr Nerida Patterson Early Diagnosis of Dementia and Diagnostic Disclosure in Primary Care: A qualitative study into the barriers and enablers	6B Kusrini S. Kadar Promoting and Maintaining Wellness among the Elderly in South Sulawesi, Indonesia
4C Lawrence Lim Structural quality indicators in acute care settings for patients with dementia	5C Joanne Harmon A pilot evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting	6C Andrea Nathan Retirement Village Design, neighbourhood environment and active living

Friday 22 October

Morning session: 9.40 am – 11.00 am

Session 7 HEALTH LITERACY AND HEALTH MANAGEMENT	Session 8 HEALTH AND WEALTH	Session 9 AGEING AND MEDICAL CARE
HUNTER ROOM Chair: Sonia Allen	MULUBINBA ROOM Chair: Lynne Parkinson	NEWCASTLE ROOM Chair: Helen Stain
7A Eugene Lutton Moving eHealth from Interoperability to an Internet of Patients	8A Martin Snoke Does Being Healthy Lead to Greater Financial Security for Baby Boomers?	9A Mikaela Jorgenson Older Patients and adjuvant therapy for colorectal cancer: Surgeon knowledge, opinions and practice
7B Marie Brand Exploring Health Literacy in older people managing Osteoarthritis	8B Yuvisthi Naidoo The Role of Income in the Living Standards of Older Australians	9B Corinne Mirkazemi Thromboprophylaxis following Arthroplasty Surgery
7C Uwana Evers The need for a community-level social marketing campaign addressing population awareness of asthma in older adults: a review	8C Anna McCarrey “Oops, I lost money gambling again. But I just can’t help myself!” Declining executive functions in older Australian gamblers	9C Linda Schnitker Adverse Outcomes in older persons presenting to the emergency department: A systematic literature review
	8D Robyn Garlick Community aged mental health and its role in physical health monitoring	9D Irene Walker Nurse Stress Associated With the Families of Aged Care Residents

Morning session: 11.20 am – 12.40 pm

Session 10 PARTICIPATION AND NETWORKING	Session 11 RURAL	Session 12 INNOVATIONS IN AGED CARE
HUNTER ROOM Chair: Melissa Harris	MULUBINBA ROOM Chair: Beth Fuller	NEWCASTLE ROOM Chair: Jeaninne Liddle
10A Sjaan Williams Paws & Effect: A phenomenological study of older Australians and their pets	11A Jane Rich Stories from women in Drought: a longitudinal exploration.	12A Joan Ostaszkiwicz Use of accreditation reports and international standards for continence in frail older people to evaluate the quality of continence care in residential aged care
10B Sue Malta Old Dogs, New Tricks? Online Dating and Older Adults	11B Zoe O’Callaghan Men on the Land: the Identities of baby boom farmers in the border country	12B Marina LoMonaco Practical Use of decision-Making Frameworks in Aged Care Nursing
10C Anthony James Brown Cherished places: Retired Men’s Spaces and Places	11C Jacqui Wilson The need for a multidimensional conceptualisation of rural ageing	12C Ron Thompson Exploration of “risk” as a key construct in long life care contexts
	11D Rosemary Bowman Looking forward to retirement: the reality for Rural Women	12D Karen Abbey National Menu Survey – a first for Australia developing new menu standards for residential aged care

Friday 22 October

Afternoon session: 1.40 pm – 3.00 pm

Session 13 EXPERIENCES OF AGED CARE RESIDENTS	Session 14 WORKFORCE	Session 15 PHYSICAL ACTIVITY
HUNTER ROOM Chair: Matthew Carroll	MULUBINBA ROOM Chair: Anthony Brown	NEWCASTLE ROOM Chair: Julie Byles
13A Joanne Mihelcic The Storyline Project: Determining a therapeutic use for the personal archive in aged care and dementia	14A Jacqui Larkin Ageing Academics: What is the role for Universities?	15A Elisabeth Lord Walk and Talk for Well-being
13B Nadine Mesnage How do elders experience being in a residential aged care setting?	14B Wanda Pryor Rethinking the forgotten generation: An exploratory study	15B Elissa Burton Barriers and Motivators to physical activity in older home care clients
13C Leander Mitchell Rehabilitation in Residential Aged Care Facilities	14C Dr Sharyn Hunter Challenging nursing students' attitudes about older people	15C Paul Gardiner Feasibility of an intervention to reduce sedentary time in non-working older adults
13D Chanel Burke Development and Evaluation of a Person-Centred Environment and Care Assessment Tool and Guidelines for use	14D Fleur Danielle St. Amand The ageing Australian healthcare workforce: Implications and issues	

Prizes

Helen Bartlett Prize for Innovation in Ageing Research

The Helen Bartlett Prize for Innovation will be awarded to the student whose research is considered by the judging panel to be the most original and creative. The prize recognises the outstanding contribution made by Professor Helen Bartlett, ProVice Chancellor Monash Gippsland campus, to the field of ageing research in Australia, particularly as the founder of the ERA initiative. The prize will be sponsored by the ARC/NHMRC Research Network in Ageing Well.

A cash prize valued at \$500 and a certificate will be awarded to the winning student.

AAG Hunter Prize - Best Presentation

AAG Victoria Prize - Best Victorian Presentation

The AAG is Australia's largest multidisciplinary professional association of people who work in, or have an interest in, ageing. The Hunter and Victoria Divisions of AAG play an active role in supporting the development of student and early career researchers. The AAG Hunter prize will be awarded to the best paper presentation by a research higher degree student in ageing as considered by the judging panel. The AAG Victoria prize will be awarded to the best paper presentation by a Victorian student.

Two cash prizes valued at \$250 each and a certificate will be awarded to the winning students.

HMRI Prize - Best Poster Presentation

Established in 1998, the Hunter Medical Research Institute (HMRI) is a unique partnership between Hunter New England Health, the University of Newcastle and the community. It provides a strong voice for health and medical research in our region. This prize will be awarded to the postgraduate student who presents the best poster presentation as considered by the judging panel at ERA 2010

A cash prize valued at \$250 and a certificate will be awarded to the winning student.

Bursaries

ERA, the Centre for Practice Opportunity and Development and the AAG are supporting this event by providing students with twelve bursaries of the value of up to \$500.

- Ten ERA bursaries
- One "Centre for Practice Opportunity and Development (CPOD) Hunter New England Health" bursary for a nursing student from the Hunter region
- One AAG NSW bursary for a student member of AAG

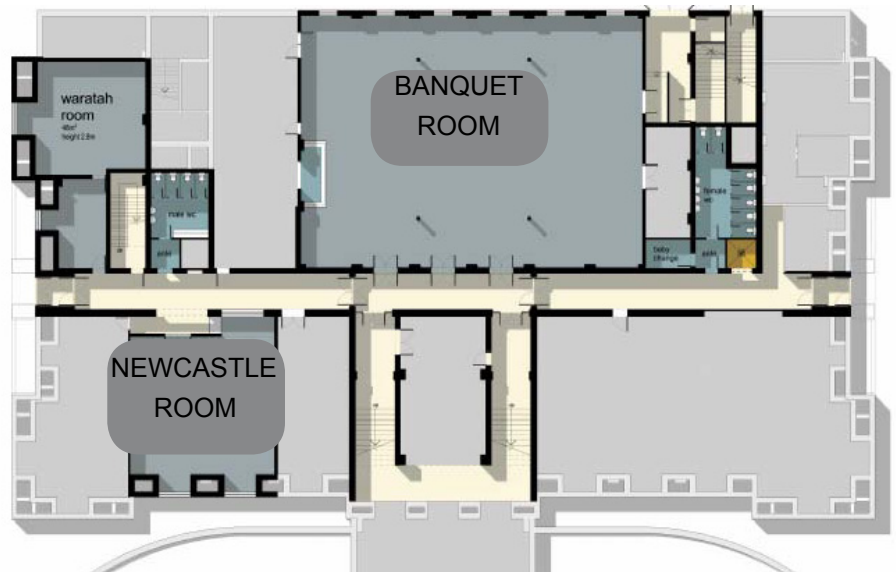


Newcastle City Hall Floor plan

First Floor Plan
(Entrance Floor)



Ground Floor Plan



Upper Floor Plan



ABSTRACTS

SESSION 1

SOCIAL INCLUSION / SOCIAL ISOLATION

1A

Later-life family estrangement: Insights into living after an adult child ceases contact.

Author: Kylie Agllias

School of Humanities and Social Science, University of Newcastle

Abstract

Family estrangement is the distancing or loss of affection between one or more members of a family. Parties may cease all physical contact or they might have sporadic contact that is viewed as unsatisfactory. This paper will report on findings from a qualitative study with twenty-five participants aged over 60 years, who were estranged from an adult-child. Two in-depth interviews were conducted with each participant in 2009, approximately six months apart.

Three primary themes emerged from the data in relation to the period after the estrangement was realised; the push and pull of estrangement, learning to live with estrangement, and a search for meaning. After the estrangement was realised, participants often felt they had been 'cast out' or pushed away, but the majority of them remained emotionally 'drawn' or pulled towards the child. Many participants experienced extreme grief reactions to the loss, and a number of factors or triggers continued to 'push and pull' their emotions, actions, and lifestyles.

Participants stated the effects of estrangement never fully dissipated, but most had started to accept their inability to change the situation over time. They spoke about a number of strategies that helped them to live a good life and to deal with the absence of their child (and in many cases grandchildren). These included; establishing boundaries, minimising triggers for pain, keeping busy, and nurturing other relationships.

Additionally, estrangement made participants question their lives. Participants spoke about their struggle against the unknown elements of estrangement, particularly in relation to the child's reasons for the estrangement, and the stress of 'not knowing' things about the estranged child as the years passed. While acceptance, decision-making, and learning to live life had often stemmed participants' distress and urgency to find answers to the unknown, the search for meaning continued for the majority of participants.

1B

Is ageing a barrier to using the internet and mobile telephone?

Author: Ms Pam Coutts
University of Adelaide

Abstract

Is ageing a barrier to using the Internet or the mobile phone? Gross national statistics from the ABS would suggest it is. In 2006 only 18% of Australians age 65 years and over accessed the Internet compared with 70% in the rest of the population. Adoption rates for mobile phone use in this age demographic are somewhat higher but still far below the rates for the remainder of the population. Yet we know anecdotally there are people in their seventies and eighties using the Internet and mobile phones and as reported by the author last year they are in the census data when Internet access is examined at a micro data scale. So what makes the difference?

This presentation, which is part of a doctoral research project, attempts to shed some light on this phenomena using results from a statistically representative survey of 550 people age 55 years and over living in western metropolitan Adelaide. The survey enquired into motivations for adoption or non-adoption; the nature of the communications technology used; and preferred alternatives; positive and negative impacts as well as motivators or demotivators for future adoption. Responses were analysed using correlation and regression analysis and contrasted with respondents' self reported social economic, cultural linguistic and disability status. The results of the analysis will be used to inform several key research questions. Is low use in older Australian populations related to experiences associated with ageing? Is it a generational phenomenon? Or, as with the rest of the population, is differential communications technology adoption related to structural factors or personal attributes like attitude, skills, perception of value, as Roger's theorises (Rogers 2003)

1C

Measuring the social impact of physically demanding labour among older volunteers

Author: Sandra Bateman
Charles Sturt University, Bathurst, NSW

Abstract

Aim:

When we look to existing literature to discover trends and predictions concerning volunteering among older people, we find that extant literature does not mention physically demanding labour as a component of the volunteer activity among older adults. This research identifies a group of older people who regularly perform physically demanding volunteer activity and investigates the social impact of the activity on these volunteers.

Method:

Semi-structured were conducted with eighteen volunteers, aged between 70 and 91 years, whose volunteer activity at a Sydney-based maritime museum appears to be outside the norm for their age group. The interviews were transcribed and the data were analysed using a grounded theory approach. The raw data were reduced to concepts through open coding and logical groups of concepts were classified as categories.

Results:

The participants in this study were aged from 70 to 91 years. At the time of this study, the duration of their voluntary contribution to the maritime museum was between 6 and 39 continuous years. Analysis of the concepts expressed in the participants' interviews allowed examination of the social impact of their volunteer experience on these older volunteers.

Conclusion:

Using their own words, this research demonstrates the impact of their volunteer activity on the lives of the participants in this study. Post retirement, these volunteers identified social needs that could no longer be satisfied by their paid employment. Each participant selected a physically demanding volunteer activity that has allowed them to retain the self-esteem, the social interaction and the feelings of generativity and alignment that were lost with their retirement from the workforce.

ABSTRACTS

SESSION 2

HEALTH CARE STAFF ATTITUDES AND

APPROACHES TO CARE

2A

The incongruence between positive and negative attitudes in the care of the older person in acute care: A qualitative perspective for health care staff.

Author: Mrs. Lynne Slater,
School of Nursing and Midwifery, University of Newcastle.

Abstract

The majority of previous research into attitudes towards older people in acute care hospitals has been based on the use of assessment tools that measured the presence of positive or negative attitudes. These tools have been used to determine attitudes of undergraduate health care students including medical and nursing students. They have also explored attitudes of a range of allied health care staff, and attitudes in response to various education interventions. However, the results have often been inconclusive.

To raise awareness of why particular attitudes occur a qualitative method was used to explore what thoughts and feelings were behind the attitudes of health care staff in an acute care area of a tertiary hospital. Attitudes are affective, cognitive and behavioural and these can be explored in their intensity. To do this, interviews were held with nurses, doctors, allied health workers, patients and carers to investigate those attitudes. The research was to explore not just whether negative or positive attitudes were present but how the attitudes develop, how they present in behaviours and how staff and patients reflect on those attitudes.

Consequently, three discourses were acknowledged as conveying meaning to the participants own attitudes and how others experienced those attitudes. These were 1. Discourses in ageing; 2. Discourses in caring for older people and 3. Rationalisation (of attitudes). Although the health care staff felt that they had positive attitudes towards older people these covertly changed when the older person became a patient. As well, staff felt that their caring attitudes were compromised by workloads, bureaucratic policies and their own ability to cope.

These findings resonate with the changing health workforce, the need to ensure that members of the increasingly ageing population are recognised as having specific needs and the government's own recognition of ageing as a priority in health care.

2B

Staff manual handling and resident transfers on and off furniture; a systematic review

Authors: Janice Taylor¹, Dr Jane Sims², Assoc Prof Terrence P Haines³
Monash University^{1, 2, 3}

Abstract

Introduction

The benefit of safe manual handling practice on staff injury is well documented. The aim of this review was to investigate the impact of staff manual handling practices on the ability of residents in nursing homes to transfer on and off furniture.

Background

The mobility of older people in residential care is diverse and variable. Carers often assist residents to transfer. Staff competency in safely assisting residents whilst optimizing the resident's mobility is an important aspect of quality care provision. Systematic review and synthesis of evidence was required in this field.

Method

The literature was searched and reviewed systematically. Inclusion criteria were set. Studies needed to investigate physical activity or manual handling interventions. The primary outcome measure of concern was a resident's ability to transfer on and off chairs. Secondary measures were staff manual handling competencies, sustainability of improved manual handling practice and costs of interventions.

Results

Over two hundred papers were found. Due to the small number of relevant quantitative studies identified, quasi-experimental studies were included in this review. Ten studies met the inclusion criteria. Two studies were systematic reviews, five studies examined the effect of physical activity interventions and three studies examined the effect of manual handling interventions. The physical activity studies substantiated that functional activity benefits residents. One study, examining the effect of a safe manual handling program on resident quality care outcomes, demonstrated improved resident transfers. Results regarding secondary measures were inconclusive.

Conclusions

The evidence demonstrating the benefits of safe manual handling practices by staff on resident transfer ability is weak. Further research is required into the nature and impact of the assistive relationship between care staff and residents during resident transfers. Development and diffusion of innovative and sustainable approaches to safe manual handling that promote resident mobility are needed.

2C

Knowledge Management: A Residential Aged Care Perspective

Author: Michael Preece
Curtin University - Graduate School of Business

Abstract

This research explores perceptions of Knowledge Management processes held by direct care staff and managers in Residential Aged Care organisations. The research is based on a model that encompasses Industry Context and explores Absorptive Capacity and its subsequent impact on Effective Knowledge Management. The term, Absorptive Capacity, refers to four capabilities (Acquisition, Assimilation, Transformation and Exploitation), all providing insight into how external knowledge is recognised, imported and integrated into the organisation effectively, as well as developed internally. The study tests the relationships between Absorptive Capacity and Effective Knowledge Management through analysis of quantitative data drawn from direct care employers and managers in Residential Aged Care organisations in Western Australia. The data were collected through the use of self-administered questionnaires developed from the literature, and represent a 41% return rate. The responses were analysed by Partial Least Square based Structural Equation Modeling. The results contribute to existing theory, and provide a direction for future research and practice in the Residential Aged Care industry. The purpose of this paper is to present the findings from the doctoral research study. The responses are representative of the industry. All items in the measurement model are reliable and internal consistency is adequate with reliability coefficients (Cronbach's alpha) ranging from .861 to .955. Discriminant validity revealed that the lower order construct Acquisition is not significantly different and was removed. The remaining four path coefficients are significant and the model explains 56% of the total variability of the higher order latent variable (Effective Knowledge Management). The four remaining hypotheses were supported and the four moderating variables were not found to be significant. A review of the means provide a clear indication that the five lowest and five highest scoring organisations sit at the extremes of how the managers and care staff perceive them.

2D

Sustainable residential aged care: the influence of environment on carer work satisfaction and stress – results to date

Author: Trevor Hilaire

School of Architecture and the Built Environment, The University of Newcastle

Abstract

People caring for our elderly in residential aged care (RAC) face stress that is unique to their area of work on a daily basis. In particular circumstances members of the care team can also experience job satisfaction that is unique to their industry. Both work place stress and satisfaction have been shown to have an effect on quality of care which has been associated with quality of life (QoL) for all stakeholders in RAC.

The population of Australia and many parts of the developed world is ageing which some consider will increase future demand for RAC including dementia specific care. In addition to ageing, populations are moving towards urban areas, a combination which has implications for environmental and social sustainability.

Evidence is increasing that the physical environment can affect both job performance and job satisfaction through the introduction of potential stressors or aspects/stimuli used to assist work outcomes. Therefore if workplace stress/satisfaction can be affected by the physical environment and workplace stress/satisfaction can also affect the level of care which is associated with QoL then RAC facilities could find it advantageous to consider the insulation of workers from stressors or the promotion of spaces that stimulate satisfaction.

A range of candidates with the potential to impact upon carer job satisfaction and stress has been gathered from academic literature to form the basis of a model of design attributes for sustainable RAC facilities. A preliminary study has sought confirmation from members of the care team in RAC facilities to confirm/extend this model.

Initial responses to the study have confirmed some design candidates but have cast doubt over the influence others may have on workplace stress or satisfaction. Currently as the study is expanded to include more participants the dependencies and relationships between the candidates will be further investigated.

ABSTRACTS

SESSION 3

LIFE AND LEARNING

3A

Do art and music making activities contribute to health and health-related quality of life in older women?

Authors: Jeannine Liddle^{1,2}, Lynne Parkinson², David Sibbritt^{2,3}

¹ The University of Newcastle.

² Research Centre for Gender, Health and Ageing, The University of Newcastle

³ Centre for Clinical Epidemiology and Biostatistics, The University of Newcastle

Abstract

Introduction: The World Health Organization described 'active ageing' as the 'process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age'. In understanding how to optimise health, researchers have focused on changing behaviours relating to illness such as smoking, poor nutrition or inadequate physical activity. Less research attention has been given to behaviours that may contribute directly to health and quality of life as we age; behaviours such as participating in art or music making activities. Existing research suggests these types of activities may contribute to physical, cognitive and mental health.

Objective: to describe the associations between art and music participation and health and health-related quality of life among older Australia women.

Methods: cross sectional analysis of the 2005 survey of the Australian Longitudinal Study on Women's Health for women born in 1921-1926. Women who painted pictures or played a musical instrument were compared with women who did not participate in these activities for selected socio-demographic, social and health characteristics, and health-related quality of life.

Results: Data was available for analysis from 6,973 women, mean age of 81.2 years. Compared with non-participants, women who painted pictures or played a musical instrument were more likely to live in a rural or remote area ($p=0.002$), live alone ($p=0.0001$), have a higher level of education ($p<0.0001$), be more socially active ($p<0.0001$), have fewer illness symptoms ($p=0.0001$), have better functioning in terms of instrumental activities of daily living ($p<0.0001$), and better health-related quality of life based on MOS SF-36 scores ($p<0.0001$).

Conclusions: Participating in art and music making activities appears to be associated with better health and health-related quality of life among a cohort of older women. Analysis of longitudinal data would assist in clarifying if a causal relationship exists.

3B

Using exercise to improve functional wellbeing in semi-dependent older adults accessing day respite

Authors: Daniel F. de Souza and Tim Henwood
University of Queensland and Blue Care, Research and Practice Development Centre,
Brisbane, Australia

Abstract

Weight bearing exercise increases functional capacity in older adults; however the number of studies focusing on those with dependent care needs is limited. The aim of this project is to evaluate the benefits of a weight bearing exercises program among semi-dependent older adults.

Twenty one participants with some level of dependent care needs (age 78.0 +/- 7.5 years, females; n = 17) enrolled in the program. Participants were either existing members of the day respite centre or living independently in a retirement village.

Participants entered an intervention period that incorporated a pre-existing low- intensity exercises and five new moderate- intensity weight-bearing activities undertaking 3 sets of 10 repetitions. All participants will complete 16 sessions, in a period of 8 to 16 weeks, and train in a progressive nature.

Assessment consists of a battery of six functional performance tests and two self-assessed questionnaires. Means for Body Mass Index (BMI), Habitual Walking Speed, Time UP and GO (TUG) and FICSIT 4 balance were 30.2 +/- 6.9 kg/m², 0.80 +/- 0.20 m/s, 12.7 +/- 4.5 s and 16.0 +/- 5.0 points, respectively.

At baseline no differences between day respite and independently living individuals emerged, except for the 30 second (s) Chair Rise to Standing task (n = 0.004), however Person correlation showed significant relationships between BMI and Habitual Walking speed, TUG and FICSIT 4 balance (r = - 0.605 – 0.618, p ≤ 0.012).

This data shows a higher BMI in semi-dependent older adults is associated to a lower functional ability; however previous research and testimonials from participants after initial sessions lead us to expect improvements in functional ability.

3C

The Active Living Framework – mediating physical activity for older people

Author: Beth Fuller
The University of Newcastle

Presenter' profile: Beth completed her PhD in 2009 (University of Newcastle) investigating the role that physical activity plays with older people with COPD. With a background in physiotherapy, and wide experience working in the health and community sectors Beth brings a perspective informed by the systems of care and people and communities.

Abstract:

Health and social benefits of participation in physical activity for older adults have been widely reported, with regular physical activity now a central strategy for older people with chronic conditions. Less though is known of the factors that operate to maintain that physical activity long-term. This paper reports on an application of the Active Living Framework (ALF) in order to understand the factors that mediate physical activity and promote healthy ageing. The paper draws on a mixed methods approach to gather information from a number of sources, to assess the ability of a home-based maintenance intervention to promote physical activity, increase self-management skills and encourage social connection.

The paper will discuss the implications of the findings for the promotion of physical activity within home-based settings. Conclusions are drawn regarding the application of the ALF to the population of interest, and more broadly as a framework to guide planning and service delivery.

3D

Transformations: Transcripts to Poetic Representations

Author: Dr Margaret Simmons
Monash University Gippsland

Abstract

When faced with pages and pages of interview transcripts, the beginning researcher is entitled to feel both excited and daunted. Excited by the potentialities of the data but dismayed because the process of transforming that data into something 'readable' and interpretable can seem challenging, if not overwhelming. This paper shows how I transformed my interview transcripts into poetic representations which helped in my understanding of a group of older women's stories of leaving home. Analysis of the data begins with the transformative act itself because this mode of representing the stories highlights salient points, showing up repetitions, hesitations and emphases. This mode of representation is attractive in and of itself, providing a particularly pleasing aesthetic structure as it pares the work down, removing extraneous words and clunky phrasing that inhibits flow. With the vagaries of spoken conversations, qualifiers such as 'uhms', 'ahs' and 'you know' litter the transcripts and while they might reflect how we 'really' talk, do not translate well to text. While much of the narrative literature suggests the usefulness of poetic representation as a tool of analysis, there is little which attends to the process of this transformation. I devised my own techniques and 'rules' and this paper shows how I produced the poetic representations and how this enabled me to commence the analytical process. I take a piece of transcript and show how it became a poem. I found this activity a joy to perform; it was creative, enlightening and powerful. Undertaking the construction of poems to analyse one's data might also appeal to other qualitative researchers on ageing who are feeling overwhelmed with the weight of their data or who might simply be seeking an attractive and alternative method of data representation.

ABSTRACTS

SESSION 4

COGNITIVE DECLINE AND DEMENTIA

4A

Variations in strategy contribute to age differences in executive functioning: evidence from behavioural, electrophysiological and cognitive modelling data.

Authors: Whitson, L.R, Karayanidis, F, Michie, P.T. & Heathcote, A.H.
Functional Neuroimaging Laboratory, The University of Newcastle, Australia
Hunter Medical Research Institute, Newcastle, Australia
Centre for Brain and Mental Health, The University of Newcastle, Australia

Abstract

Task-switching has been used to examine age-related decline in cognitive control. Participants alternate between single and mixed task blocks. Mixing cost [(repeats in switch blocks)–(single task trials)] reflects working memory load, and switch cost [(switch–repeat trials)] reflects task-set reconfiguration processes. Behavioural and ERPs were recorded from well-practiced participants (18-80 years). Mixing cost was larger for the Older group, but reduced for all groups across practice days and with increased preparation time. Middle and Older adults took longer to develop a strategy for reducing switch costs than younger adults. While mixing costs continued to be larger for Older adults, switch cost differences were eliminated by the final test. Mixing and switch positivities in cue-locked waveforms were prolonged and broadly distributed for Older adults. This pattern for mixing positivities emerged at 30 years, despite no behavioural evidence for increased mixing cost. Behavioural results suggest Older adults have difficulty with working memory, however, have intact reconfiguration abilities. ERPs suggest strategic differences emerging early in adulthood. These include less efficient preparation and greater activation of post-stimulus processing resources to handle the task at a similar level to that of younger adults. These results are complimented by modelling behavioural data according to EZY diffusion parameters. Parameters suggest older adults need more time for processes of cue/stimulus encoding and response selection and execution, need more evidence to reach response threshold, and have a more conservative threshold than younger adults. Correlations between model parameters and ERP positivities were examine. They suggest that prolonged positivity observed in those over 30y is associated with response conservativeness in the cue-locked period. Correlations between these variables in the stimulus locked period reflect optimal processing and recovery in younger adults that was not present in older adults. Findings are discussed in the context of cognitive ageing theories.

4B

Exploring the differential effects of aging on controlled and automatic inhibitory tasks

Authors: Chantelle Vonarx, Karen Drysdale & Pat Michie
Centre for Brain and Mental Health Research
School of Psychology
University of Newcastle

Abstract

One of the dominant theories of cognitive aging has proposed that age-related declines in cognition are the result of declines in inhibitory processes (Hasher & Zacks, 1988). However, research over the last two decades has found inconsistent patterns of inhibitory decline with age. The current study aimed to reconcile these contradictory findings by directly exploring the relationship between aging and inhibition in line with Nigg's (2000) inhibition taxonomy which distinguishes between controlled and automatic forms of inhibition. Sixty younger adults (18-35) and sixty older adults (60-79) completed a series of inhibitory tasks which required various levels of executive control. It was found that older adults performed at the same level as younger adults on the automatic inhibitory measures of the Inhibition of Return effect and the Negative Priming effect but that older adults demonstrated declining levels of performance on the controlled inhibitory measures of the Stop Signal Task and the Stroop Interference effect. These results provide evidence for a differential effect of aging on controlled and automatic inhibitory tasks. The researchers propose that the incorporation of this controlled/automatic distinction into Hasher and Zacks (1988) Inhibitory Deficit Hypothesis can help resolve many of the inconsistencies that are currently present in the cognitive aging literature. These results also have important implication for the selection of inhibitory measures when investigating inhibitory deficits in aging or clinical populations.

4C

Examining Perceptions of Memory in Relation to Cultural Age Stereotypes in Non-Clinical Older Australians and those with Mild Cognitive Impairment.

Authors: Jasmin Grigg ¹, Deborah Graham¹, Sarah Russell ²

¹James Cook University

²Tablelands Aged Care Services

Abstract

Research suggests there is a link between cultural stereotypes of ageing and performance in the stereotyped domain. A number of studies, most of which have utilised samples from the United States, have demonstrated that activation of ageist stereotypes can have a negative effect on the memory performance of older adults, while deactivating ageist beliefs can lead to memory improvements. However, recent research has found that the salience and experience of ageist stereotypes can vary substantially among cultures that are considered to be alike (i.e. 'Western'), which may in turn moderate the stereotype phenomenon when utilising samples from varying cultures. Thus, semi-structured interviews were conducted and three questionnaires were administered to 18 older Australians (1 with Mild Cognitive Impairment – MCI) to further explore perceptions of age stereotypes and memory expectations, specific to Australian culture. The findings, which are implicated in conducting age stereotype-performance research that is of value to older Australian samples, are discussed.

4D

Structural quality indicators in acute care settings for patients with dementia

Author: Lawrence Lim, Centre for Research in Geriatrics Medicine
School of Medicine. University of Queensland

Abstract

Aims

The number of frameworks supporting quality health care delivery has been developed in Australia and overseas mainly by governmental agencies with emphasis on the significance of patient safety and care outcomes; however, there is a lack of a quality framework for the care of patients with dementia, less a structural quality framework.

The primary aim of the research is to identify and test a suite of structural quality indicators in acute care settings for patients with dementia. Questions to be addressed include whether acute care settings (primarily hospitals) are designed physically to accommodate patients with dementia, whether policies and procedures are in place to optimise good practice and minimise hospitalisation risks, and whether there is an organisational structure and culture within the hospitals to ensure the sustainability of governance of good practices related to structural elements. This research is built on Donabedian's structure-process-outcome quality of health framework.

Methods

A comprehensive review of the literature to identify existing quality indicators was conducted. Indicators were identified, defined and a means of measurement was noted. A panel of 10 geriatricians, general physicians, nurses, and allied health experts were invited to participate in an expert panel to review (and refine) the indicators. A draft set of indicators was established which included the 'expert panel' derived definition, form of measurement, and source of data.

Future Work

The capacity to collect the data will be tested by interviewing hospital administrators and following the hospital episode of 650 patients aged 70 and over in nine Australian hospitals. The development of the structural quality audit tool is currently being finalised and is expected to complete by July/August 2010. The site visits are scheduled to commence August 2010.

Email: uqlim7@uq.edu.au

Investigation Team: Lawrence Lim, Dr. Melinda Martin-Khan, Professor Len Gray

ABSTRACTS

SESSION 5

DEMENTIA AND COMMUNITY CARE

5A

Pilot study of an exercise program for older adults with dementia in Thailand

Authors: Sirikul Karunchareerpanit¹, Joyce Hendricks¹, Daniel A Galvão², Christine Toye³, Robert U Newton⁴, Orapitchaya Krairit⁵

¹. School of Nursing, Midwifery and Postgraduate Medicine, Edith Cowan University

². Vario Health Institute, School of Exercise, Biomedical and Health Sciences, Edith Cowan University

³. Older Persons' Health Care, School of Nursing and Midwifery, Curtin University of Technology

⁴. School of Exercise, Biomedical and Health Sciences, Edith Cowan University

⁵. Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand

Abstract

Purpose: Prior to conducting a randomised controlled trial, a pilot study tested the feasibility of measurement tools and a 4 week exercise program developed for older people with dementia in Thailand.

Methods: A quasi experimental design was used. Ten dyads of people with dementia and their family carers were recruited, in Thailand, and assigned to an intervention or a control group. A four week home based exercise program was applied and an exercise package distributed to the intervention group. Differences were compared over time.

Measurement and tools: Nine measurement tools were used to test participants' cognition, physical function, psychological health and quality of life.

Results: Four dyads completed the exercise program in the intervention group, with one dyad withdrawing after baseline assessment. Four dyads remained in the control group, with one dyad withdrawing because of family issues.

Feasibility of the intervention and measurement tools was reviewed. Most exercise testing protocols were appropriate and feasible. However, exercise adherence was low because of carer issues, attitudes towards exercise and level of encouragement methods. Therefore, the program was refined by screening carers and emphasising health education on these issues. Measures of muscle strength using a machine, the backward walk, and the stair climb were found to be inappropriate and removed. The cognition, physical function, psychological health and quality of life measures were found to be appropriate.

Conclusion: The exercise program and measures were found to need refinement to facilitate a feasible but rigorous trial of the intervention.

Implication: A pilot phase was essential to ensure the feasibility of testing this innovative intervention for people with dementia in Thailand prior to launching a randomised controlled trial.

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5B

Early diagnosis of dementia and diagnostic disclosure in primary care : A qualitative study into the barriers and enablers

Authors: Dr Nerida Paterson¹, Ms Jill Phillips², Prof Dimity Pond²

¹ Discipline of General Practice University of Newcastle

² University of Newcastle

Abstract

Background

Increasing evidence suggests that early diagnosis of dementia and timely intervention is beneficial, both for patients and their carers. GPs report that the most difficult problem with the management of dementia is the communication and disclosure of the diagnosis. Previous research indicates the barriers to early diagnosis and disclosure in primary care include:

- Negative attitudes to dementia care/therapeutic nihilism,
- Stigma,
- Paucity of dementia services, especially in rural areas,
- GPs' lack of confidence or training, and
- Lack of a recognised and the time-efficient screening tool.

Methods

A qualitative study, using individual, semi-structured interviews, has been conducted across four Australian research sites. 45 GP participants have been interviewed. The interviews were audio taped and transcribed. Data was then coded and subjected to thematic analysis.

Results

A number of themes have emerged. Enablers to diagnosis and disclosure include: 1) Support from relatives/carers. 2) Access to services 3) the belief in the patient's right to know 4) Confidence in the diagnosis, including specialist support, and 5) the desire of GPs to be honest and open with their patients. Barriers to disclosure/diagnosis include the lack of the aforementioned enablers and also: 1) the stigma attached to lay conceptions of dementia 2) lack of time 3) the reactive nature of general practice 4) the fear of damaging the doctor-patient relationship, and 5) the masking of memory loss by patients or their perception of memory loss as part of normal aging. Interestingly, even GPs who believed strongly in disclosure, preferred to use the term "memory problems" rather than the term "dementia".

Conclusions

Compelling evidence suggests that there are several structural and ideological obstacles that GPs encounter when attempting to diagnose dementia. However, there is also evidence of factors which encourage diagnosis and disclosure. Future educational supports for GPs need to concentrate on both of these areas.

5C

A pilot evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting

Author: Joanne R Harmon

School of Nursing and Midwifery, Faculty of Health. University of Newcastle

Abstract

Introduction

The purpose of this presentation is to present the preliminary findings of a small study, conducted as part of a Bachelor of Nursing Honours program that was designed to evaluate the adequacy of an algorithm for the assessment and management of pain in older hospitalised patients. The problem of unrelieved pain in older people is well documented. Pain in the older hospitalised patient is often overlooked and inadequately assessed despite the context of care as a setting for the treatment of pain and suffering amongst its main objectives. A critical review of the literature in relation to pain and older people found no pre-existing clinical practice guideline for the assessment and management of pain in older people in the acute care setting.

The research question for the study is, 'How close to practice is an algorithm for the assessment and management of pain in older people with the clinical practice of registered nurses (RN's) on an acute medical/surgical ward in a large tertiary referral hospital in NSW, Australia.?'?

Design and Method

An ethnographic approach was used to answer the research question. Methods included participant observation and semi-structured interview with x Registered Nurses with more than 2 years current clinical experience.

Findings

Preliminary findings show that the practice of nurses is not aligned to the pain algorithm on many levels. Pain assessment largely relied on a demonstration of the functional ability of the patient to complete ad hoc tasks set by RN's and not the use of standardised assessment tools. Management of pain comprised of comfort measures and a reliance on oral medication. Standardised contemporaneous documentation only resulted from compliance with a PCA policy.

ABSTRACTS

SESSION 6

AGEING AND CONTEXT

6A

Graceful ageing in the Philippine context: an Asian perspective

Author: Edmund Ramon Talob
Faculty of Health Sciences, The University of Sydney

Abstract

While a sample of senior Australians in Sydney's eastern suburbs defines graceful ageing as considering retirement options, staying safe and having meaning in life, this study explores this concept further from an Asian perspective. Using a multiphasic mixed-methods survey design, variables associated with the graceful ageing experience were investigated. The first phase involved a study of 152 senior Australians and the second phase surveyed 168 senior Filipinos who volunteered to complete a questionnaire consisting of a graceful ageing scale (0=not at all, 6=very much), the Comprehensive Quality of Life Scale yielding objective wellbeing and life satisfaction scores, and the Meaning in Life Questionnaire measuring meaning in life. Respondents had a mean age of 67.60 (SD=6.25), comprised 41.1% males, and had an average annual income of less than 150,000 pesos (equivalent to AUD 3750 at a conversion rate of AUD 1 = PHP 40). Thirty-three percent rated ageing gracefully 'quite a lot' or 'very much' while 12% 'not at all' or 'not much'. Unlike the Australian sample, there was no significant difference in the mean ratings on the graceful ageing scale between female and male respondents ($t[166]=-0.894, p<.01$). Correlations revealed significant relationships between graceful ageing and intimacy, safety and emotional wellbeing. Regression analysis suggested that two components of objective wellbeing, safety and emotional wellbeing, contributed to variances on ratings on the graceful ageing scale and were found to be predictors of graceful ageing in this sample. In conclusion, senior Filipinos in this sample group are ageing gracefully. Graceful ageing as a concept reaffirms the Philippine's family system as a basic ageing infrastructure. Results have policy and service delivery implications for seniors advocacy groups, service providers and government.

6B

Promoting and maintaining wellness among the elderly in South Sulawesi, Indonesia.

Authors: Ms. Kusriani S. Kadar¹, Prof. Karen Francis², Dr. Ken Sellick³

¹.School of Nursing and Midwifery at Monash University /Academic Staff at School of Nursing, Medicine Faculty, Hasanuddin University, South Sulawesi, Indonesia

^{2,3} School of Nursing and Midwifery, Monash University

Abstract

Meeting the health needs of the elderly has become a major challenge for most countries globally as the proportion of elderly within the population rises. This phenomena is not restricted to developed nations, developing nations such as Indonesia are experiencing the similar demographic profile changes. Until recently, providing aged care services has not been a high priority for the Indonesian Health Department. Elderly persons living in rural areas of Indonesia have been notably neglected by Department of Health initiatives.

This paper reports on a survey conducted as the first phase of an action research study designed to explore the health needs of the elderly living in a rural municipality of South Sulawesi, Indonesia, with the view to developing strategies to promote wellness and quality of life among the elderly. The purpose of the survey was to identify services and programs currently offered to the elderly in the region.

Methods: Two data collection methods were use: firstly interviews were undertaken with key staff from the three health organizations responsible for age care services in the area. Secondly a self-report questionnaire was distributed to health professionals working in local community health centres, independent health practitioners, and volunteers. The questionnaire was designed to obtain demographic details and information on the programs and services offered to the elderly.

Findings: Interviews were conducted with three staff from the District Health Office, two staff from the local hospital, and managers of 23 community health centers. A total of 18 questionnaires were completed by health professionals. The results from the survey found that majority of the health professionals still do more curative rather than promotive and preventive work for elderly in the community. Lack of budget and multitasks at the community centers seems to be the main barriers and continuity training related to elderly and more facilities are two main needs for the health professionals in providing services for elders in the community. Information obtained from this survey will be considered by the action research team to design, implement and evaluate supporting programs to meet the health needs of the elderly in rural South Sulawesi, Indonesia.

6C

Strategies for enjoyable healthy eating habits in elderly persons

Author: Rina K.Kusumaratna¹

¹Community Medicine, Faculty of Medicine, Trisakti University

Abstract

Introduction: The diet of the elderly in developing countries is frequently inadequate and even when adequate, is commonly lacking in variety, making it important to examine the contribution of various food groups to nutritional adequacy of the diet of the elderly in a given geographical area.

Methods: A cross-sectional study to ascertain the need for specific food guidelines among community-dwelling elderly at Mampang Prapatan district, South Jakarta, to improve food diversity and implement healthy eating habits. Food intake of 297 elderly was assessed by 3-day non-consecutive SF-FFQ and dietary diversity by food variety score and diet diversity score.

Results: Overall, intakes of energy, carbohydrate, protein, zinc, β -carotene and vitamin C were lower than Indonesian RDA (IRDA) values based on Widya Karya 2004 for persons aged ≥ 60 years. Mean energy intake was 1118.11 ± 394.84 Kcal/day or 4673.7 ± 1650.43 KJ (78.8% of IRDA), carbohydrate 162.58 ± 61.17 g/day, protein 35.32 g/day and fat 37.22 ± 17.8 g/day. Iron, zinc, vitamin C and β -carotene intakes were 14.77 mg/day, 4.19 ± 1.63 mg/day, 39.04 mg/day, and 13.08 mg/day, respectively. Total energy intake was generally lower (78%) than the minimal requirement (80%). The percentage of carbohydrate intake from energy was 58%, protein 16.6%, and fat intake 30% below IRDA. Most macronutrient intakes were lower than IRDA, whilst micronutrient intakes, e.g. iron, zinc, vitamin C, and vitamin E, were very much below IRDA. The average Individual Dietary Diversity Score (IDDS) was six out of 12.

Conclusions: Dietary diversity is useful as an indicator of nutrient adequacy. However, there is a lack of promotion on healthy eating information, particularly on socialisation methods for national food guidelines among older persons.

Keywords: elderly, food diversity, healthy eating, community

6D

Retirement village design, neighbourhood environment and active living

Authors: Andrea Nathan^{a*}, Lisa Wood^a and Billie Giles-Corti^a

^a Centre for the Built Environment and Health, The University of Western Australia

Abstract

Leading a physically active lifestyle, including in later life, has a number of well established health benefits. Therefore, encouraging adults to remain active as they age is important for both physical and mental health. How neighbourhood design influences active living has received increasing attention in recent years. However, findings specific to older adults are limited. Retirement villages are one form of housing available to older adults. Yet, the extent to which village design and the surrounding neighbourhood impacts residents' physical activity is relatively unexplored. Thus, a mixed methods study was designed to examine built and social environment influences on active living in residents of retirement villages.

This paper reports findings from the study's initial qualitative phase. Six focus groups were held with residents from six retirement villages in Perth, Western Australia (n=51). These aimed to identify how residents interpreted 'active living', and to explore environmental barriers and facilitators to active living.

Thematic analysis revealed that residents viewed active living to be more than just physical activity, and included social activity and keeping the mind active also. Moreover, it involved leaving the village and participating in the wider community. Environmental barriers to active living included the presence of hills, lack of accessibility and distance to neighbourhood destinations, and the presence of traffic hazards. Conversely, a positive social environment in the village, having neighbourhood services and facilities present, and pedestrian and traffic infrastructure, facilitated an active lifestyle.

The findings confirmed residents' understanding of active living and highlighted environmental characteristics that facilitated or discouraged active living. To quantify the importance of these characteristics, these insights will be incorporated into a quantitative survey instrument that will further examine factors that influence active living in retirement villages.

ABSTRACTS

SESSION 7

HEALTH LITERACY AND HEALTH

MANAGEMENT

7A

Moving eHealth from Interoperability to an Internet of Patients

Authors: Eugene Lutton, Brian Regan and Geoff Skinner
The University of Newcastle, Design Communications and Information Technology

Abstract

Ever changing and unpredictable events are to be anticipated in a healthcare environment. It is important to supply efficient health services while maintaining the critical care of the patient. Similarly with the supply chain, efficiencies can be found from the utilisation of new identification and sensor network technologies. Our novel proposition for one such efficiency is modelling the interaction and transition of patients in a health care environment, drawing on the current research in supply chain management and “The Internet of Things”. To a computer, a human is an object that may necessitate the observations or recording of its attributes. These attributes can be coupled to other attributes from many other objects. This may include objects such as health professionals, medical equipment, transport services, building infrastructure, treatments and administrative services. It is important that the correct treatment is provided in a timely manner to a health care patient, and this includes the ability to access and record pertinent information. The challenges for a pervasive connected system are the plethora of standards, efficient governance, cost control, privacy and security of data and people, and the technologies required. This paper outlines a framework and future research directions that are necessary to be able to implement such a system.

7B

Exploring health literacy in older people managing osteoarthritis

Authors: Marie Brand, Hal Kendig, David Le Couteur
University of Sydney

Abstract

Health literacy is a person's ability to find, understand and use health information and services. While the role of basic literacy (reading, writing and numeracy) has been widely investigated, a number of other factors are also believed to contribute to health literacy. To date, few studies have investigated the possible influence of these factors.

This research explores the factors affecting health literacy in older people with osteoarthritis. This chronic condition predominantly affects older adults. It is responsible for significant pain and disability in individuals, and costs to health systems. Understanding health literacy in this population is important both because health literacy is poor among older adults, and because low health literacy contributes to adverse health outcomes in chronic conditions.

A review of the literature related to osteoarthritis and older people revealed widespread misconceptions about the condition and its management. Older people often believed that osteoarthritis was a normal part of ageing. Many used complementary medicines with little understanding of whether they were of benefit. There was also evidence that people did not know how to manage pain effectively, did not understand the risks associated with prescribed medicines, and were confused about the use of exercise as a treatment.

The next phase of this research involves in-depth, semi-structured interviews and focus groups with older people with osteoarthritis to discuss their experiences of being diagnosed with osteoarthritis and managing it on a daily basis. By better understanding when and where older people with osteoarthritis seek health information and how they use that information, it may be possible to address existing misconceptions and provide more useful information to improve their care.

7C

The need for a community level social marketing campaign addressing population awareness of asthma in older adults: a review

Authors: Uwana Evers, Sandra C. Jones & Peter Caputi
Centre for Health Initiatives, University of Wollongong

Abstract

This paper outlines a narrative literature review of research on asthma in adults aged 55 years and older, and highlights the need for heightened asthma awareness in this population. More than one in ten older Australians currently has asthma, and there is evidence that the risk of dying from this chronic disease increases with age. Despite this prevalence and morbidity in older people, previous asthma information campaigns have been largely focused on young children and their parents. In addition, there is evidence of under diagnosis, misdiagnosis, and under treatment of asthma in the older adult population. As individuals get older, they often experience a range of symptoms that are typical of multiple health problems; thus doctors commonly find it difficult to isolate the specific respiratory disorder when older patients present with symptoms typical of multiple conditions. Recent studies have demonstrated low levels of asthma knowledge and inaccurate perceptions about asthma held by older individuals in the general community. These misconceptions must be addressed in order to reduce asthma morbidity, increase diagnosis among those with asthma, and improve health-related quality of life for those living with this chronic disease. This paper argues that older Australians would benefit from an asthma awareness campaign. The application of social marketing techniques would lead to a targeted promotion tailored specifically to the needs of older Australians. Product, price, place and promotion preferences would be identified and built into the asthma awareness campaign. The campaign would aim to increase asthma knowledge in the general community and to encourage older adults to visit their doctor if they have any concerns about their respiratory health.

7D

Maintaining Well-being within Chronic pain

Author: Ladawan Panpanit

Victoria University, Melbourne

Abstract

Background: Chronic pain is a common problem among elderly people. Proper management of chronic pain is crucial to promote the general well-being; however, the elderly people who live in Thai rural communities encounter limited resources for their management.

Aim: The study aims to understand the ways the elderly people manage chronic pain and to identify factors that influence their management.

Target group: Participants were 32 males and females aged 60 years or over who had suffered pain for at least six months at the time of commencing the study in July 2008.

Setting: The setting was villages in three different provinces in the Northeastern region of Thailand.

Methodology: A grounded theory approach was utilised for the study with a triangulation for data collection: questionnaires, in-depth interviews, and participant observations. Fifty-eight interviews and eight observations were carried out at the participants' residences at mutually convenient times.

Preliminary Results: The process of self-management that the elderly people utilised to deal with their chronic pain comprised three main phases: (1) making sense of pain, (2) seeking the most suitable approaches, and (3) integrating the approaches into life. Factors influences how the elderly people manage their chronic pain included accessibility to pain relief treatments, accessibility to pain related information, availability of support, and participant-provider-service circumstances.

Conclusion: Chronic pain had a high impact on the daily life of the elderly participants. They experienced challenges to deal with the pain and meet requirement of their daily life, simultaneously. The process to manage the pain was to maintain well-being within chronic pain by modifying the pain to a tolerable degree.

ABSTRACTS

SESSION 8

HEALTH AND WEALTH

8A

Does Being Healthier Lead To Greater Financial Security For Baby Boomers?

Author: Martin Snoke

Ageing, Health and Work Research Unit. University of Sydney

Abstract

As the baby boom cohort (those born between 1946 and 1965) approach traditional retirement age, a number of questions have been raised about their financial preparedness for retirement. The recent global financial crisis has led to many boomers re-evaluating their financial security. An important determinant of higher levels of financial security is an absence of long term illness or disability.

This study aims to examine the relationship between levels of financial security and the presence of ill health. It analyses data on individuals aged 51 to 61 (older boomers) and 41 to 51 (younger boomers) from the 2006 wave of the Household Income and Labour Dynamics in Australia (HILDA) survey. A negative correlation (Pearson $r=-0.255$; $n=225$; $p<0.005$) was found between self reported health and overall financial security of older boomers. A similar relationship was found for younger boomers (Pearson $r=-0.183$; $n=262$; $p<0.05$). The presence of a long term health condition or disability was also found to be related to lower levels of financial security (Older boomers: Pearson $r=-.228$; $n=225$; $p<0.005$; Younger boomers: Pearson $r=-.162$, $n=262$; $p<0.05$).

The presence of a long term illness or lower self perceived health status predicted a lower level of financial security prior to retirement. This relationship between health and financial security requires further examination. Will those with health conditions need increased support in retirement? Is it possible to provide financial assistance prior to retirement to boost superannuation? The ability of those with poor health to increase their financial security will have an impact upon their lifestyle and quality of life in retirement.

8B

The Role of Income in the Living Standards of Older Australians

Author: Yuvisthi Naidoo

Social Policy Research Centre, University of New South Wales

Abstract

The 2010 Intergenerational Report predicts that by 2050, over 20 per cent of the Australian population will be aged 65 and over, compared to 13.4 per cent in 2010. The living standards of older Australians will become increasingly dependent on a declining proportion of working age people (18-64) as the ratio of working age people required to support every older person is projected to fall from 5 in 2010 to 2.7 in 2050. These large demographic changes will not only place enormous pressure on the nature and delivery of health, aged care, age-related pensions, and the superannuation system, but will also affect the living standards of older Australians. Within the economics literature, most approaches to assessing the living standards of older people use the income metric as the defining indicator and a benchmark to determine poverty status. This paper discusses the conceptual and methodological limitations of the income metric that are particularly pertinent to old age. Among the limitations are problems with the technical complexity of income measurement, the failure of income to account for assets and the arbitrary nature of income poverty thresholds. Conceptually, the income unit is unable to capture the complexity of ageing as it relates to health, access to savings, social relations, and overall well-being. It is argued that a focus on economic resources is an important but not a sufficient measure of standard of living, in way that elucidates the actual living conditions of older people, and as a guide to informing ageing and social policy. This paper explores conceptual frameworks from sociological traditions that seek to give meaning to the multi-dimensional nature of the living standards of older people.

8C

“Oops, I lost money gambling again. But I just can’t help myself!” Declining executive functions in older Australian gamblers.

Authors: Anna McCarrey, JD Henry
School of Psychology, University of New South Wales, Sydney

Abstract

It has been well documented that older adults experience a decline in executive functions as measured by laboratory based experiments. These include verbal fluency and controlled inhibition tasks (Phillips & Henry, 2007). However, older adults function well in real-life situations taxing executive functions such as shopping errands and many household tasks. In the first of its kind, this study aimed to explore the relationship between executive functioning in older Australians and the popular social pastime of gambling. Younger and older adults played an electronic gaming machine programmed to only lose. With intact executive control, players should terminate play as soon as possible. Results showed that older adults played significantly longer, and lost significantly more money than the young adults. Further, this sample of older adults demonstrated significant impairment in several cognitive and executive functioning tasks relative to the younger adults. Implications for executive impairment contributing to maladaptive gambling behaviours in older Australians are discussed.

8D

Community aged mental health and its role in physical health monitoring

Author: Robyn Garlick

Senior Nurse, NorthWestern Aged Persons Mental Health Program (NorthWestern Mental Health – Melbourne Health), SUNSHINE, VIC

Abstract

Australia has an aging population. The highest rate of growth in our population is in the over eighty-five (85) year olds. This is the age group that has the highest disability rates and the highest suicide rate in Australia. This is of concern. At the same time this change is occurring, we will have to consider a change in our economic framework, with more people retired and less in the workforce. This paper will present a study for the Masters of Philosophy. The study is of an exploratory nature in regard to what is occurring in aged mental health physical health monitoring. This study has two stages. This includes a medical file audit of recorded documentation in case managed elderly and a survey of clinicians working in those teams. The study will be undertaken at NorthWestern Mental Health which covers the metropolitan, northern and western regions of Victoria. It has three community teams covering six geographical catchment areas. This paper will impart information from the literature review on the topic. It will also communicate the beginnings of results from the medical file audit and survey. There is a great deal of emerging literature on mental health consumers and their physical health. There is little literature about aged mental health consumers. There are significant associations between mental illness and increased rates of cardiovascular disease, arthritis, diabetes, smoking and substance misuse. In the elderly these conditions are also on the increase. This combined with the increasing research on the association between suicide and poor physical health is of concern. Does this have meaning for the manner in which we deliver case management of older mental health consumers? Do we need to closer monitor physical health? What is the role of the team and its members?

ABSTRACTS

SESSION 9

AGEING AND MEDICAL CARE

9A

Older patients and adjuvant therapy for colorectal cancer: Surgeon knowledge, opinions and practice

Authors: Mikaela Jorgensen¹, Jane Young¹, Michael Solomon¹

¹Surgical Outcomes Research Centre (SOuRCe), Royal Prince Alfred Hospital and the University of Sydney, NSW

Abstract

Background: More than half of all colorectal cancer cases occur in those over 70 years of age, however older patients appear to be at risk of receiving suboptimal care. Increasing patient age independently predicts non-concordance with national clinical practice guidelines for the referral of colorectal cancer patients for adjuvant therapy. Little is known about the factors affecting surgeons' decisions to refer older patients.

Methods: A self-administered survey was sent to all Australian and New Zealand colorectal surgeons (n=146). The survey consisted of three sections: (i) knowledge of research evidence, (ii) opinions on evidence and adjuvant therapy in older patients, and (iii) self-reported practice, or likelihood of patient referral in a range of scenarios. Demographic information was also obtained.

Results: 70% of colorectal surgeons responded. Surgeons were significantly less likely to refer older patients than younger patients for adjuvant therapy in self-reported practice questions ($p < .001$ for all scenarios). The difference in referral recommendations was greatest if patients were from a rural/remote area, followed by patients with little social support or poor general health status. Large variation in referral recommendations was evident, particularly for older patients. Younger surgeons, surgeons with greater knowledge of research evidence, and surgeons with more positive opinions towards older patients, were significantly more likely to refer older patients for adjuvant therapy.

Conclusion: The findings demonstrate that sociodemographic factors are important determinants of evidence-based care of older patients. The lack of consensus among surgeons, and predictors of surgeons' responses, suggests that increasing awareness and research into adjuvant therapy in older patients may improve this aspect of patient care.

9B

Thromboprophylaxis following Arthroplasty Surgery

Authors: Mirkazemi C., Bereznicki L., Peterson G.

Unit for Medication Outcomes Research and Education (UMORE), School of Pharmacy, University of Tasmania, Hobart, Australia

Abstract

Objectives

The primary objective was to determine the appropriateness of inpatient and post-discharge thromboprophylaxis prescribed for total hip and knee replacement (THR/TKR) patients at a southern Tasmanian hospital. A secondary objective was to assess the incidence of symptomatic VTE.

Methods

A retrospective review was performed over a 2 year period (2007-09) at the Royal Hobart Hospital. Patient demographics, thromboprophylaxis details, the prevalence of symptomatic VTE and bleeds up to 90 days post-surgery were recorded for each patient. Comparisons were made between prescribed thromboprophylaxis and the Australian and New Zealand Working Party (ANZWP) Guidelines for the Prevention of VTE (2007).

Results

300 patients' records (150 THR, 150 TKR) were reviewed. There were 57% females and the mean age was 69 years (SD 10). The average length-of-stay was 7 days (SD 4).

There were no patients with contraindications to thromboprophylaxis. Only 11% of TKR and 17% of THR patients received mechanical thromboprophylaxis. Although most patients (n=296, 98.7%) received inpatient pharmacological thromboprophylaxis, more than 80% did not receive any on discharge (Figure 1).

Only 53% of TKR patients and 1.5% of THR patients received the recommended pharmacological agent, dose and course duration for their surgery type (Figure 2). The remaining 47% of TKR patients and 98.5% of THR received either no thromboprophylaxis or at an inappropriate dose \pm duration.

The in-hospital VTE incidence was 0.7% (n=2) and occurred at a mean of 4.5 days post-surgery. The out-of-hospital VTE incidence was 2% (n=6) and the mean time to out-of-hospital VTE was 14 days (7 to 31 days).

Conclusion

Over 70% of patients (not on an anticoagulant agent pre-surgery) did not receive recommended thromboprophylaxis after their surgery; predominantly due to a shortfall in the duration of therapy prescribed. Contrary to the ANZWP Guideline recommendations, over 85% of patients did not receive mechanical thromboprophylaxis.

9C

Adverse outcomes in older persons presenting to the emergency department: A systematic literature review

Authors: Linda Schnitker¹, Melinda Martin–Khan¹, Elizabeth Beattie², Len Gray¹.

¹ Centre for Research in Geriatric Medicine, The University of Queensland.

² School of Nursing, Queensland University of Technology

Abstract

Introduction

Older persons are particularly vulnerable in the Emergency Department (ED) due to a decreased restorative physical capacity and a diagnostic process which may be complicated by co-morbidities, atypical presentations of common diseases, and frequent polypharmacy issues. The aim of this review is to identify adverse health outcomes which may be ameliorated by clinical actions in ED.

Methods

Electronic databases were searched for appropriate references (CINAHL, Medline, PubMed). Search terms included: 'older person', 'emergency department' and 'adverse outcome'. Relevant systematic reviews from the Cochrane library, which were not detected by the search in the other databases, were added to the results. A hand search of reference lists was carried out. Two authors independently reviewed the selected papers at exclusion levels by title and full text. Any discrepancies were decided by consensus discussion.

Results

After removal of duplicates, 2193 papers were reviewed in a culling process (by title, abstract and finally full text). Thirty-seven papers were considered relevant to this review which focused on adverse health outcomes in the older ED population.

Conclusion

Common adverse health outcomes in the older ED population are functional decline, ED readmission, institutionalisation, and death. Examples of adverse events leading to these outcomes included under triage of illness severity, medication errors, lack of recognition of cognitive impairment or poor discharge planning.

Advanced research

Based on the findings a chart audit of patient records following an ED episode (n=250) has been planned to identify the feasibility of data collection and reliability of data on geriatric emergency care processes, relevant to these key adverse outcomes. Previously published, but untested, process quality indicators (QIs) will guide this process.

This project will inform a more comprehensive PhD program of work, focused on QIs for patients with cognitive impairment presenting to the ED.

9D

Nurse Stress Associated With the Families of Aged Care Residents

Author: Irene Walker

Faculty: Nursing, Midwifery and Health, UT

Abstract

Attracting and retaining an aged care workforce to meet the needs and demands of an ageing population is an increasingly critical issue for Governments and employers of health care organizations. Whilst a number of factors, including those associated with nurse stress have been identified as influencing a nurses' decision to work or remain working in an aged care environment, little attention has been given to any additional stress that may occur when providing support to distressed families of residential aged care residents. Thus, nurses who are experiencing varying levels of work related stress may also experience additional stress when interacting and providing support to distressed residents' family.

The aims of this exploratory descriptive study are to identify factors that potentially create stress in aged care nurses when dealing with families of residents; to determine the impact of this stress; and to identify a strategy based on the findings that will address nurses' stress and reduce nurses' job dissatisfaction related to dealing with the residents' families.

An analysis of survey data and written responses obtained from a convenience sample of aged care nurse respondents (n = 163; response = 81.5%) located in twenty Metropolitan High Care Residential Aged Care Facilities provide evidence of the existence of varying levels of self reported stress, burnout and self-efficacy among study respondents.

Whilst this study provides a useful insight into the current mental health status of aged care nurses, a further understanding of the influences of distressed families impacting on the health and well-being of aged care nurses may assist in the development of suitable alleviating intervention strategies for both aged care nurses and families.

ABSTRACTS

SESSION 10

PARTICIPATION AND NETWORKING

10A

Paws & Effect: A phenomenological study of older Australians and their pets.

Author: Sjaan Williams
Southern Cross University.

Abstract

Rapid change in the fabric of society in Australia has created circumstances of social isolation for many of our elderly population. Concurrently, the situation of domestic pets has altered and particularly with the dog who has been liberated from being tethered to a kennel in the backyard to freedom of the yard, entry to the home and often into the owners' bed. Many of our elderly offset their social isolation through pet ownership – predominantly with dogs and to a lesser degree, cats followed by birds then other creatures.

The dog, enjoys a premier position in the companion animal ranks, is frequently regarded as a surrogate person and deemed a member of the family. The dogs' propensity to demonstrate unconditional love, joy and welcome after an absence and faithfulness to its owner are attributes that provide substantial benefit to humans. Benefits identified in the 2006 report of the Australian Companion Animal Council are considered to delay the human aging process by increasing levels of physical activity, improving social status and having a positive effect on mental health.

Despite the positives of pet ownership, it is becoming more difficult to be an elderly owner of a companion animal. Environmental concerns, new government legislations, council restraints, retirement village policy are creating situations where pet keeping is curtailed. In extremis it may be necessary to forfeit pet ownership.

A paradox emerges –

Pets are good for your longevity, health and happiness - Versus - NO PETS ALLOWED. This qualitative study seeks to understand the perspective of the elderly person as it relates to the identified paradox. Narrative and storytelling will be the primary method of generating data. Thematic analysis based on the work of Dowling & van Manen will be applied to the transcribed narrative allowing interpretation of essential themes and explication of the lived experience.

10B

Old Dogs, New Tricks? Online Dating and Older Adults

Authors: Sue Malta, Karen Farquharson
Humanities, Arts and Social Sciences, Faculty of Life & Social Sciences,
Swinburne University, Hawthorn, Victoria

Abstract

This paper reports the findings of semi-structured qualitative interviews with 30 older adults (aged 60 – 76 years), all of whom used online dating websites to find new romantic partnerships. The interviews were conducted using four different interview methods: (1) face-to-face and (2) telephone interviews and (3) email and (4) instant messaging, and have been described previously (see Malta 2009). Most studies of online romantic relationships use younger sample populations making it difficult to generalize to older adults (see for instance, Donn & Sherman 2002) and are usually situated within the psychological literature (for example, Whitty & Gavin 2001). This study describes the phenomenon amongst seniors and positions it within a sociological framework. We chart the progression of older adult romantic relationships, describing the participants' reasons and motivations for going online to look for romantic partners, followed by the way these romances unfold and how the online environment structures their development through various predetermined stages: the posting of personal profiles, the initial contact ("kisses" and "winks"), emails, phone contact, face-to-face meeting, and finally sex. The majority of these online-initiated relationships followed this very structured pattern of progression, with only minor variations. We argue that online dating affords older adults the opportunity to shop around for their perfect match – discarding those who do not suit – simply because of the large number of possible partners available online; a possibility not available through offline means. We further argue that using an online dating website provides a particular structure that fosters the development of a new romance and causes it to unfold through a standardized process that is difficult to circumvent.

10C

Cherished places: retired men's spaces and places

Author: Anthony James BROWN
University of Western Sydney, Sydney, NSW

Abstract

This research is part of a wider PhD investigation into the meaning retired men construct of their current involvement in community activities. One of the unexpected emerging themes of this research is the importance retired men place on certain places and spaces.

Interviews are being conducted with retired men who are members of hobby or enthusiast groups, during the interviews men were asked about their current involvement with these groups, as well as being asked about their previous experiences of paid work. The transcripts of these interviews were subjected to narrative and thematic analyses, narrative analysis being identified as a methodology particularly suited to investigations into personal meaning.

As expected, when asked, retired men related narratives about their working life, current community engagement and the transition to retirement. Although no specific questions were asked about the importance of places most of the men interviewed also identified specific locations that were important to them. Some of these were places that had been important in their childhood or working life; while others were locations currently visited, such as the club house, shed or site of their current community involvement. Nature or bush settings were also identified by some men.

Constructions of personal meaning are multi-faceted, complex and ever changing. Identification with specific places appears to be important to older men as it permeates other narratives about work and retirement.

ABSTRACTS

SESSION 11

RURAL

11A

Narratives from women in drought

Author: Jane Rich
University of Newcastle

Abstract

This research explores women's experiences of living with drought. Drought has always been a part of the Australian landscape, yet as climate change occurs, projections indicate that droughts will increase in frequency and intensity. Despite the significance of drought in Australia, little research has examined the psychological consequences of drought.

This project, which is being conducted as part of my PhD, aimed to understand the diverse ways that drought is perceived, communicated, and responded to, and to investigate the mental and emotional well-being of women living with drought in the context of ageing. The study explores longitudinal qualitative data collected by the ALSWH. Free text comments (N=217), collected at five time points (1996, 1998, 2001, 2004, and 2007) from the same 77 women, were subjected to a narrative analysis. These 77 women self-identified as living with drought and its consequences at least once during the 11 year study period.

Findings indicated that drought is a heavy burden for women and is at the forefront of their lives. The drought burden has influence over a woman's identity, which was challenged by drought. However, the pressure of drought was found to draw out strength and resilience. Parts of Australia have been in drought for over a decade. As such, issues involving ageing also arose in the data. Results emphasised that the experience of drought can not be disentangled from the realities of gender and ageing. Findings will contribute to the improvement and development of policy and practice for those affected by drought.

11B

Men on the land: The identities of baby boom farmers in the border country A narrative study investigating how male farmers within the first wave of baby boomers see themselves as they age.

Author: Zoe Ellen O'Callaghan

John Richards Initiative. Faculty Health Sciences, La Trobe University

Abstract

Over the past decade rural Australia has experienced social, economic and climatic change. Challenges at the farm gate have resulted from economic downturn, prolonged drought, population decline, increasing social disadvantage, service decline, increasing levels of male suicide and mental health issues, and rural ageing. This changing environment presents many challenges to farmers particularly as they age. It impacts on the way they make sense of and manage a changing identity. For ageing farmers, the construction of a farming identity is influenced by prevailing cultural scripts on farming and rurality, inclusive of symbolic images of harsh landscapes, poetic connections to the land, and legends of past pioneers. These archetypal images are called into question as baby boom farmers negotiate the challenges of living on the land, being a 'good' productive farmer who is ageing successfully while trying to hold onto a self that is made meaningful. The broader discourses around ageing focus on the burden that this growing cohort will place on the social security system, and the inability of this system to support them in retirement and old age. Farmers' experiences and voices however are often absent or lost within the bigger debate. The presentation of a singular rural discourse overshadows the differences between farmer's experiences. Most policy-driven/government research is based on quantitative research, particularly trend analysis. My research will provide insight into the personal experiences, struggles and coping strategies of those personally affected. The identities of masculine Australian farmers are familiar to us as symbols of the spirit of the bush - hard working, stoic and resilient, tough, independent, proud and strong. These characteristics provide discursive (cultural) materials for identity construction however are problematic when experiencing an ageing self. This paper reports on the early findings from my research into how farmers construct and manage their ageing male identity amid the tensions of contemporary rural life.

11C

The need for a multidimensional conceptualisation of rural ageing

Authors: J M Wilson, H J Stain

University of Newcastle, Centre for Rural and Remote Mental Health, Orange, NSW , Australia

Abstract

Positive ageing agendas have become the central focus of governments' policy and research globally. However research examining healthy ageing in rural contexts is sparse, and subsequently policy and practice tend to be urban centric. The translation of such policies into rural communities ignores the unique challenges faced by many older rural people in maintaining their independence and health. Population ageing presents significant social and economic challenges at both the societal and individual level. These challenges can only be amplified when combined with the population decline that is taking place across many rural and remote communities. Ageing in a rural community is not a homogeneous experience. Rural communities, even those within short distance of each other, may differ widely in their geographical, social, and/or cultural characteristics. The structural change occurring in communities also differs widely, with some experiencing growth whilst others are in decline. There are, however, commonalities in the challenges of maintaining health and wellbeing, which stem from living in areas of low population density distant to goods, services, and social opportunities. This paper will bring together international research conducted in rural and remote regions to address the multidimensional context of rural ageing.

11D

Looking forward to retirement: the reality for Rural Women.

Author: Rosemary Bowman.

Social Justice Social Change Research Centre, School of Social Sciences,
University of Western Sydney.

Abstract

The research explores the lives of a sample of midlife and older rural women to examine their plans for retirement. In drawing on the lifecourse, semi-structured, in-depth qualitative two hour audio recorded life review interviews the study will compare strategies for financial security for retirement in three cohorts.

The participants are 41 NSW rural women aged from 40 to 65 in three cohorts; 40-45, 50-55, 60-65. The cohorts contain 11, 17, 13 respectively. The women identify of Anglo/Australian background that are or have been married and have children. The participants did not go beyond year 10 (Intermediate) level of schooling. Various rural locations in NSW from townships under 10,000 population and surrounding rural areas were targeted in 2008/2009 with participants from north western NSW, central and mid western NSW and northern NSW. This investigation of the socio-economic position for post paid work retirement of this sample of rural women incorporates the macro context of their work history, superannuation policy combined with marital status to influence the older life experiences for this sample. The micro context of family and the care work of immediate family i.e. children, adult children, grandchildren and husband/partner and extended family, often with illness as a factor, is examined in relation to economic planning for the financial security for post work retirement. Differences were found in the strategies and engagement with plans for the future between the cohorts. Research so far suggests that the limited superannuation provided by part-time work, divorce, widowhood and limited superannuation of their husband/partner determined the women's ability for effective financial future planning. This exposes women in this position to the risk of marginalisation and social exclusion with the possible advent of poverty after age 65. In addition to this the study has identified positive aspects to ageing in a rural setting such as close social networks and strong community involvement.

ABSTRACTS

SESSION 12

INNOVATIONS IN AGED CARE

12A

Use of accreditation reports and international standards for continence in frail older people to evaluate the quality of continence care in residential aged care facilities

Authors: Ms Joan Ostaszkievicz¹, Professor Beverly O'Connell², Professor Trisha Dunning³

¹ Deakin University-Southern Health

² Chair in Nursing. Deakin University-Southern Health

³ Sigma Theta Tau. Chair in Nursing. Deakin University – Barwon Health

Abstract

Introduction

Incontinence and its management in residential aged care facilities (RACF) is a significant issue that consumes one third of the residential aged care subsidy [1]. Urinary incontinence affects more than 50% residents and between 10% and 30% experience faecal incontinence [2]. Despite these factors, little is known about the quality of continence care residents receive. The aim of the current study was to describe the quality of continence care in RACF.

Methods

A matrix of standards for continence care in RACF was developed based on recommendations for managing incontinence in frail older adults from the International Consultation on Incontinence (ICI) (3). The ICI recommends:

- an assessment that focuses on potentially treatable conditions and on factors that may cause or worsen UI, contribute to its burden and impact management decisions
- a medical assessment to determine the type and causes of incontinence and nocturia and the appropriateness of pharmacological, behavioural or surgical therapy [3].

Eighty-seven accreditation reports from RACFs in New South Wales were randomly selected and reviewed for the presence or absence of documentation concerning these two ICI recommendations.

Findings

All reports documented that a continence assessment process or system in place, however there was little information about factors that were considered in the assessment process and limited evidence of medical involvement. No reports documented the type of incontinence or possible causes, the causes of nocturia and the appropriateness of pharmacological, behavioural or surgical therapy.

Conclusion

Although all RACF conducted continence assessments, there was insufficient documentation in accreditation reports about the nature and outcome of these assessments to determine if ICI standards were met. This finding indicates a need for guidelines to assist accreditors to evaluate continence care in RACF based on ICI standards.

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12B

Practical use of decision-making frameworks in aged care nursing

Authors: Marina LoMonaco, Tracey McDonald, Thomas Harding
Australian Catholic University (ACU)

Abstract

Background: Nurses who practise within various aged care contexts invariably work without direct contact with nursing peers while at the same time, directing the nursing work undertaken by care staff teams. Decision-making processes used by nurses in such situations are relatively unknown to other than the practitioners themselves, yet the quality and safety of care pivots on the knowledge and ability of these nurses.

Aim and Method: To understand the uptake by registered nurses in aged care of decision-making frameworks and the relevance of these frameworks to aged care nursing practice. This study combines insights gained through a review of the literature and seven years of aged care nursing experience in Australia to establish a basis for a grounded theory study into this area of nursing practice.

Results: Emergent themes: (1) Clinical decision-making defined; (2) Critical reflection in aged care practice; (3) Nurse competence in clinical decision-making; (4) Typical features of clinical decision-making in aged care; (5) Social factors and communication issues in clinical decision-making; (6) Translation of clinical decision-making frameworks to aged care workplaces.

Conclusions: While research around clinical decision-making processes used by aged care nurses is sparse, there is consistent support for the premise that safe and effective decisions require nursing knowledge and skill in certain areas. These include (i) knowledge of nursing and understanding of problems faced by older people in maintaining or regaining health and function; (ii) skills in assessment, diagnosis and intervention geared to older people with a range of health and functional challenges; (iii) development and application of informed interventions; and (iv) ability to apply research to care contexts in ways that safely guide the actions of the care team.

12C

Exploration of 'risk' as a key construct in long life care contexts

Authors: Ron Thompson, Tracey McDonald, Thomas Harding
Australian Catholic University (ACU)

Abstract

Background: Much has been made of the risks and hazards associated with late age vulnerability and the means by which organisations and individuals ensure their safety and life quality. Key to the maintenance of quality of life is one's engagement in self-determination; socialisation; self-confidence and security, and supportive contact with friends and family. Safety is linked with quality of care in environments offering residential services to people with significant cognitive, functional and sensory deficits and inevitable declines in health and function.

Aim and Method: To identify key risk management and quality assurance elements that impact on the safety and clinical care of older persons in residential care, through a review of literature on risk in aged care and beyond.

Results: Emergent themes: (1) Evidence that risk management and quality monitoring systems can improve certain clinical conditions of residents in care; (2) Clinical indicators provide useful guidance but do not indicate comparative rankings between services, nor reliability in terms of risk-weighting; (3) Limited research has been published on whether improvement or deterioration in a resident's clinical condition drives their perception of life quality; (4) Research on non-clinical factors that impact on risk, quality and amenity has not featured in Australia; (5) There is a need for more research on assessment of the effect of environmental quality and safety on quality of life in residential aged care; (6) an overall risk management framework suitable for this context is not evident.

Conclusions: While research around the safety and quality of services for older persons has occurred here and internationally, there is a need for further research on predictors of risk for this cohort in community and residential care, as well as an evaluation of the effect of risk minimisation strategies on quality of life experiences during late age in care service situations.

12D

National menu survey – a first for Australia developing new menu standards for residential aged care.

Authors: Karen Abbey¹, Dr Olivia Wright², Professor Sandra Capra²

¹ Nambucca Valley Care Limited, Locked Bag 175 Macksville NSW 2447

² University of Queensland Department Nutrition and Dietetics St Lucia Campus

Abstract

The menu is the primary tool for delivering nutritional care to aged care residents. Understanding foodservice preferences and presenting food that residents enjoy may reduce risks of nutritional decline and improve quality of life. Residents in aged care facilities have different nutritional needs to the general population and require energy dense, small, frequent meals rather than the application of typical “dietary guidelines”. The consistency of approaches for aged care foodservice menu design in this country is unknown. A national survey was distributed to all aged care facilities in Australia (n=2648) in January 2010 to investigate items including menu cycle, food preferences, portion control, menu design and structure, menu food selection, menu choice, food fortification, production and delivery systems.

Results on the first 250 surveys (10%) indicate portion control, serving sizes and food fortification were inconsistent nationally. These inconsistent approaches compromise meals meeting the nutritional needs of residents. Menu design was similar nationally, however, with rates of malnutrition in residential aged care in Australia averaging 30-50% [1], the current means of developing menus may not be optimal for the frail aged population. This innovative survey is the first step towards assisting aged care facilities to optimise menus for nutritional care.

References

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ABSTRACTS

SESSION 13

EXPERIENCES OF AGED CARE

RESIDENTS

13A

The Storyline Project: Determining a therapeutic use for the personal archive in aged care and dementia.

Author: J Mihelcic

Faculty of Information Technology, Monash University, Melbourne, VIC

Abstract

Longer lives and the growing incidence of dementia predispose us to increasing numbers of individuals suffering from conditions that affect memory. It also creates the opportunity and the impetus to explore how disciplines, both academic and practitioner, can work together to support the needs of the elderly, drawing on research and its findings to validate a therapeutic role for the personal archive.

The aim of the Storyline Project is to create the personal archive: an electronic register of objects, stories and images which represents autobiographical memories. Each entry in the archive is annotated with important information that provides context for the documented people, events and places.

This research explores how archival practice and emerging technologies can therapeutically contribute to health and aging. It proposes the use of qualitative methods to build a model for the personal archive from the perspective of its owner. The project aims to preserve the memories of individuals and thereby alleviate some of the physical and psychological demands for both the person being cared for and the carer.

The challenge with technology, at a time where it is evolving so rapidly, is to understand where theories converge to support their use. The project highlights the need to see the environment and systems through accumulated knowledge that is grounded in theory as well as observation and practice.

This presentation will reflect on the process undertaken to identify the several common themes which emerged through multidisciplinary research, particularly in regard to the nature of memory and the triggers which constitute the record. It will explore my experience and the need to validate the combination of both old and new theories to create new concepts.

13B

How do elders experience being in a residential care setting?

Author: Nadine Mesnage

AUT University, Department of Rehabilitation & Occupation Studies, Auckland, New Zealand

Abstract

Those aged 85 and older make up the fastest growing sector of the New Zealand population. While it is anticipated most elders will remain in their own homes within the community for most of their lives, the absolute number of those requiring or seeking residential aged care is expected to rise. Therefore, the importance of understanding and improving elders' experiences of living in a residential care setting gains social importance.

The aim of this phenomenological study is to explore elders' lived experience of being in the aged care setting, with a particular focus on understanding how the setting design enables and/or restricts elders' to engage in everyday activities. Up to eight participants will be recruited from two areas in one of Auckland's residential care facilities, where the residents have the ability to make decisions regarding their daily activities. A residents' meeting will be held where the study will be explained and residents have an opportunity to ask questions. Information sheets and consent forms, with reply paid envelopes, will be left at the facility. Voluntary participation will be indicated by return of a signed consent form. Up to eight participants will be recruited according to the inclusion/exclusion criteria. Data will be gathered via individual interviews which will be audio taped and transcribed. A semi-structured interview schedule using open questions aimed at eliciting participants' experiences of being in different spaces within the setting will be used. A typed copy of each participant's stories will be returned to them for verification of accuracy and completeness. In line with phenomenological research methods, an interpretive process will be used to analyse the collected stories.

The research approach will be guided by the work of Heidegger (1927/1962) and van Manen (2001). Lincoln and Guba's (1985) model of trustworthiness in qualitative research will be used to inform rigour in the project design and methods.

13C

Rehabilitation in Residential Aged Care Facilities.

Authors: Mitchell, L., & Pachana, N.
University of Queensland

Abstract

Research in residential aged care facilities (RACFs) provides the opportunity to help foster independence among the residents of such centres. This is particularly relevant in consideration of the fact that research by Resnick and Remsburg (2004) highlighted a link between diminished involvement in everyday skills and activities, with an increasing decrement in functioning overall. Evidence for an individualised, person-centred approach, in which the resident is encouraged to maintain functionality, using compensatory strategies where necessary, has been found to be efficacious (e.g., Zimmerman et al., 2005). Similarly, such a focus has been linked with reduced behavioural and psychological symptoms of dementia, and subsequently a reduction in the experience of carer burden (Brodaty, Draper, & Low, 2002). Unfortunately, the routine-care structure commonly adopted by RACF management and staff does not readily lend itself to such priorities in care. It is therefore important to consider the characteristics of RACFs if rehabilitative protocols are to be encouraged.

This presentation will consider the barriers to rehabilitation in RACFs, as well as looking at those characteristics that can help encourage rehabilitation. In order to effectively promote a rehabilitative outlook for the betterment of all in RACFs, such factors are important for researchers to consider.

13D

Development and Evaluation of a Person-Centred Environment and Care Assessment Tool and Guidelines for use

Author: Chanel Burke

Faculty of Nursing Midwifery and Health. University of Technology Sydney

Abstract

People living with dementia are entitled to a quality lifestyle where their inherent worth and dignity are respected and maintained and their individual needs are met, that is, through a person-centred approach to care. When adopting person-centred services, managers and staff of residential aged care homes focus on maintaining the individual's personhood by recognising their uniqueness, reinforcing their strengths and personal attributes, while allowing choice and decision making in an environment that supports these opportunities. This humane approach to service delivery can assist residential aged care homes to meet many of the requirements of the Australian Aged Care Residential Standards (Standards). As residential aged care services have no evaluation measure that links the requirements of the Standards and person-centred principles, this study has addressed the need to develop an industry friendly, yet robust measurement tool for this purpose. The PhD study has focused on developing and testing the Person-Centred Environment and Care Assessment Tool (PCECAT), and the accompanying Person-Centred Environment and Care Assessment Guidelines (Guidelines). The PCECAT assists residential aged care staff to assess whether their service has the necessary requisites in place to support person-centred care, and if service provision is person-centred according to Kitwood's (1997) principles that align with the Standards.

The domains and items of the PCECAT were theoretically derived and confirmed for content and face validity by an expert Delphi panel that included national and international expert aged care nurses, other health care professionals and gerontological researchers. The Delphi-confirmed version of the PCECAT and the Guidelines were piloted on two separate occasions by two independent researchers and care managers in 89 residential aged care services of different sizes and locations across New South Wales. The PCECAT was amended in content and layout after piloting. Testing and re-testing of the amended PCECAT has occurred, inter-rater reliability has been established, and factor analysis and other validity tests are underway to confirm the final version of the PCECAT.

ABSTRACTS

SESSION 14

WORKFORCE

14A

Ageing Academics: Career Management Challenges for Universities

Author: Jacqui Larkin
Macquarie Graduate School of Management

Abstract

An ageing academic workforce presents sustainability issues for Australian universities. Close to 40% of all Australian academics are aged 50 and over (Department of Education, Employment & Workplace Relations (DEEWR), 2009), signalling that a large proportion of academics will exit the workforce within the next decade. This is a vital trigger for university management and their HRM policy makers to be responsive and proactive, as it raises crucial sustainability issues for Australian universities related to human resource management (HRM), knowledge management and the role of the university within advanced, modern societies. As Australia's ageing academic workforce presents an unprecedented situation for its universities, it is important to gain an insight on how universities are dealing with this significant workforce issue. This study focuses on the career management for older academics. The main aim is to examine the role of the university in the career management for academics in the 50 – 59 year age bracket. In particular, this research seeks the perceptions of both academics and university management on the suitable ways of supporting the careers of academics in this latter life-stage. This presentation will report some of the initial findings on future career plans based on interviews with Australian academics in their 50s and with university management.

14B

Rethinking the forgotten generation: An exploratory study

Author: Wanda N. Pryor

Faculty of Business & Law, School of Management, Edith Cowan University, Joondalup Campus

Abstract

This paper contributes to the epistemological body of knowledge in workforce management, and in particular to the emerging body of knowledge on the mature aged management cohort in the Australian workplace context. Academically, new knowledge from this study will contribute towards our pedagogic understanding how the efficacy of embedded knowledge and workplace structures/cultures influence the building of future sustainability and innovation.

This study uses a mixed method approach to map broad organisational and individual trends and to investigate the critical relationships, attitudes, relationships, stereotyping within organisational cultures following the lead of others in the social research field, (Maxwell, 1998; Flick, 1992; 1998; Fielding G. and Fielding L., 1986; Denzin, 1978; Campbell and Fiske, 1959). This research uses the constructivist approach to guide the investigation (Guba and Lincoln 2006). Outcomes from this study will produce recommendations and opportunities to government, industry bodies and organisational leaders about workforce policies, macro and micro-economic risk imbalances in the fields of an ageing workforce, knowledge retention, management, knowledge creation, innovation, leadership, workforce planning, organisational cultures, and workplace structures.

14C

Challenging nursing students' attitudes about older people.

Author: Dr Sharyn Hunter

School of Nursing and Midwifery. University of Newcastle Introduction

Abstract

The number of older people and their levels of morbidity are increasing across the globe. Today nurses require specific knowledge and skills to care for older people. In Australia, it was identified that undergraduate nursing programs' curricula were lacking in preparing nursing students for this role. Traditionally, teaching nursing about older people was integrated across the undergraduate curriculum without targeted outcomes. In 2004 there was a national recommendation that a compulsory course be dedicated to nursing older people in the undergraduate curriculum. Despite the introduction of a discrete course into the undergraduate program at the University of Newcastle, Australia, students' attitudes about nursing older people were negative and their learning outcomes poor. This presentation describes an educational approach and concepts that were utilised to challenge the students' attitudes.

Method

The aim of this project was to positively influence nursing students' attitudes about older people and contribute to their work readiness. A Learner-Centred Framework guided the educational approach (Boud & Prosser, 2004). This Framework included four determinants: 1. acknowledging the learner's context; 2. engaging the learner; 3. challenging the learner; and 4. providing opportunities for them to practice their learning. Strategies were developed from this framework. Three concepts were also woven into the course content; healthy ageing, person-centred care and evidence-based practice.

Results

Course statistics and student feedback demonstrate a change in nursing students' attitudes about older people.

Conclusion

A discrete course in an undergraduate program focused on nursing older people can challenge nursing students' attitudes and contribute to their work readiness.

14D

The ageing Australian healthcare workforce: Implications and issues

Author: Fleur Danielle St. Amand

John Richards Initiative, Faculty Health Sciences. La Trobe University

Abstract

Recent employment figures by the National Health Workforce Taskforce have shown that Baby Boomers comprise approximately 57 % of the current health workforce. Subsequently, their impending retirement will create significant shortages in the Australian healthcare system. In addition, the number of younger employees entering the workforce is also decreasing, posing a threat to the availability of health services to future generations. It is the impending shift in the age structure of the population that will drive future demand for hospital and health care services due to the requirement of additional treatment and more hospital care as the population ages. This paper draws on the findings of a broad, systematic literature review of the issues associated with the ageing of Australia's healthcare workforce, and the implications this has for service delivery into the future. Findings demonstrate that it is rural areas of Australia that will suffer the largest shortages in the healthcare workforce in the coming years, in spite of the implementation at all levels of medical education, training and practice, of explicit regulatory and incentive-based initiatives and programs to increase medical workforce recruitment and retention. While recruitment to rural areas has been a high priority for rural and regional practices in the past decade, the average period for these workers is low, and this is problematic in retaining the number of professionals needed to staff these facilities. The mean age of doctors and nurses is increasing gradually, a trend which is even more pronounced in rural Australia. In light of this mounting problem, harnessing the experience, skill and knowledge of existing older healthcare workers is becoming increasingly important. With the current political focus on Australia's healthcare system, this paper will provide an important perspective on a situation that will become critical if left unaddressed.

ABSTRACTS

SESSION 15

PHYSICAL ACTIVITY

15A

Walk and Talk for Well-being

Author: Elisabeth Lord

School of Social Work and Human Services, and School of Public Health, The University of Queensland.

Abstract

This paper explores men's meaning of walking engagement, or otherwise. What hinders, and what enhances their motivation to be involved.

There are some good reasons why men should be walking, especially if they are depressed, suicidal, and lonely or have poor health. Men experience poor mortality, poor morbidity and poor health related behaviours. We know that exercise is beneficial physically, socially and emotionally for all, especially if you are at risk of suffering depression or poor mental health.

The men in my study were identified 'at risk' as a result of experiencing one or more negative impacts or indicators of suicide risk, the methods chosen were selected for sensitivity. Understanding these men's experiences and listening to their concerns required a qualitative approach. Focus groups were held firstly to inform the program design. For 6 months the researcher walked weekly with the three men's groups in Toowoomba, the Redlands and Hervey Bay. The 132 walk participants fell naturally into three distinct groups of men: stayers, stoppers and non-starters.

Semi-structured interviews were held with men before they commenced walking, and again when they completed the walking program or when they dropped out along the way. Walk diaries were completed by the men for the duration of their involvement. Data on the non-starters was collected by way of focus groups.

Too many men are inactive. Different patterns of engagement revealed by the men hold the key to the design and development of public health programs for those at risk. This study has given a voice to the silent issue of men's experiences of walking engagement.

This paper will provide an avenue to discuss the results of the study. Recommendations will be made for engaging men in physical exercise programs.

15B

Barriers and motivators to physical activity in older home care clients

Authors: Elissa Burton¹, G Lewin^{1,2}, D Boldy¹

¹Curtin University of Technology, Perth, WA

²Silver Chain Nursing Association, Perth, WA

Abstract

Introduction: The Australian population aged 70 years and over continues to increase as people spend longer in “old age” than previously. Over a quarter of a million Australians receive home care services each year to help them remain living in their own home. Having elderly people living independently will avoid the need for significant provision of residential care facilities and being mobile and maintaining strength is an important aspect of remaining independent.

The aim of this study was to identify any differences between the levels of physical activity between older home care clients who have participated in a restorative program, which includes a focus on increasing lifestyle activity, and home care clients who have received ‘usual’ home care services; and to explore the barriers and motivators to being active.

Methods: A random sample of 750 Silver Chain clients who received a restorative program and 750 clients who received ‘usual’ home care services were invited to complete a survey. Survey data were summarised using descriptive statistics and analysed with either t-tests or chi-squares (depending on the variable) to identify significant differences between groups.

Results: Just over five hundred surveys were completed, a return rate of 33.4%. More than three quarters (78.5%) of respondents were women and the mean age of the group was 82.13 years and ranged from 70 to 102 years of age. Initial results indicate a mean PASE score of 82.22 for the group and it appears that the participants receiving a restorative home care service were more active until they reached 90 years of age compared to “usual” home care clients. However this trend was reversed in older age. The four barriers to being physically active most commonly mentioned by survey respondents were: ongoing injury/illness, age/too old, nobody to be active with and a lack of transport.

15C

Feasibility of an intervention to reduce sedentary time in non-working older adults

Authors: Paul Gardiner¹, Elizabeth Eakin^{1,2}, Genevieve Healy^{1,2}, Neville Owen^{1,2}

¹Cancer Prevention Research Centre, School of Population Health, The University of Queensland, Brisbane

²Baker IDI Heart and Diabetes Institute, Melbourne

Abstract

Introduction: Sedentary time (too much sitting, as distinct from a lack of exercise) is a risk to health that is prevalent among older adults. Stand Up For Your Health is the first intervention to examine the feasibility of reducing and regularly interrupting sitting time in non-working older adults.

Methods: A quasi-experimental (pre-post) study with 59 participants (mean age=74 years, range 60-92; men=25%), conducted over two weeks. The intervention was a face-to-face goal setting consultation and one individually-tailored mailing. Feasibility was assessed as program reach and retention, change in accelerometer (GT1M)-derived sedentary time (< 100 counts per minute, expressed as a percentage of total wear time); and, participant satisfaction.

Results: Reach was 85.7% of those screened and eligible; retention was 100%. Participants decreased their sedentary time by 3.2% (95%CI: -4.18 to -2.14) or the equivalent of 30 minutes per day (when standardised to 16 hours of waking time), had four more breaks in sedentary time per day, and reported high satisfaction (median 9/10). There were no adverse events.

Conclusion: This novel study indicates that older adults are able to reduce and interrupt their sedentary time following a brief intervention and that they find such changes acceptable. Stand Up For Your Health provides an important platform for understanding the strategies used to change sitting time in older adults and may inform further interventions to reduce leisure-time sedentary behaviour in other populations.

POSTER PRESENTATIONS

Valuing non-participation in an online community

Author: Oliver K. Burmeister

School of Computing and Mathematics, Charles Sturt University.

Abstract

Non-participation in an online community need not be the antithesis of social interaction. Reported here is a thirty month ethnographic study of members of Australia's most successful online community for seniors. The study focused on the early stages of a human computer interaction (HCI) methodology known as value sensitive design (VSD). One outcome was that participants in the study highly valued being present in their community, without feeling the need to contribute to the activities of the site. The findings were related to the literature on lurking, however the reasons for lurking suggested by the literature did not apply to this group of seniors. Furthermore, although some researchers have described lurkers as 'second-class members', the findings of this study were that, this was not the case for many of the participants. Instead they empathised so strongly with the stories they read online that, they identified with the community, and thought of themselves as members. Using exemplary illustrations to demonstrate participant views, this paper concludes that, it is important for designers to recognise lurking as a valid activity and one that should be effectively supported.

The lived experience of family members who visit a hospitalised older person when the older person has delirium.

Author: Jenny Day

School of Nursing and Midwifery, Faculty of Health. University of Newcastle

Abstract

The importance of hospital services perceiving family members as integral to quality care and supporting them is highlighted in contemporary literature (Higgins & Cadd, 1999; Lindhardt, Bolmsjo, & Hallberg, 2006). Despite this acknowledgement their role and concerns are often unknown and overlooked during hospitalisation of the older person (Higgins & Joyce, 2007; Lindhardt, Hallberg, & Poulsen, 2008; Stenwall, Sandberg, Joˆnhagen, & Fagerberg, 2008). Family support strategies have been suggested by some authors however there is little exploration of family member experiences of delirium as a basis for these strategies and there is little strategy evaluation. Exploring and understanding the experiences of family members during an episode of delirium, and applying this understanding is therefore gaining increased importance.

The study described in this poster adopts a phenomenological approach to explore the lived experience of family members of hospitalised older people who have delirium.

Phenomenology has been selected because it is concerned with the study of human lived experience and the meaning embedded in that experience (van Manen, 1990). The intent is to fully describe experience from the perspective of family members themselves (Mapp, 2008), to show the meaning of family member experiences and demonstrate the significance of being a family member visiting an older person who has delirium in an Australian hospital context. Findings from this study have the potential to increase recognition of the impact of experiencing an older person who has delirium on family members themselves, to increase recognition of the family within comprehensive care of the hospitalised older person in the Australian healthcare system, and to inform further research into family support and involvement interventions.

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Psychosocial characteristics of midlife women with arthritis: results from the Australian Longitudinal Study on Women's Health

Authors: M.L. Harris, D.J. Loxton, D.W. Sibbritt, and J.E Byles
Research Centre for Gender Health and Ageing, School of Medicine and Public Health,
University of Newcastle

Abstract

Chronic diseases present an ongoing public health challenge, particularly for women at midlife. The development of chronic disease is recognised as a multifactorial process with psychological stress highlighted as a possible mechanism. Purpose: To investigate the relationship between psychological stress, psychosocial factors and arthritis. Methods: Cross-sectional analyses were conducted using data from the fifth mailed population-based survey (conducted in 2007) of the Australian Longitudinal Study on Women's Health. The sample for this analysis focused on the 10,532 women from the cohort born between 1946 and 1951 who responded to the questions relating to arthritis diagnosis. Results: Diagnosis of arthritis is characterised by widespread health-related concerns including poor psychosocial functioning and health-related quality of life. In comparison to women without arthritis, univariate analyses revealed that self-reported arthritis was associated with a 2.5-fold increase in experiencing moderate/high levels of stress, a 1.4-fold increase in experiencing negative interpersonal life events and significantly reduced levels of optimism and perceived social support (all associations $p < 0.001$). Having psychiatric (depression and anxiety) and physical comorbidity (low iron and osteoporosis), being overweight or obese, making frequent visits to a GP, experiencing gastrointestinal symptoms and sleep disturbance as well as having reduced quality of life across all spheres were also predictive of arthritis status at the univariate level. Following adjustment for behavioural, demographic and medical characteristics using a backward stepwise elimination process, being diagnosed with an anxiety disorder remained as the only independent psychosocial predictor of self-reported arthritis in the multivariate model (OR=1.3, 95%CI: 1.1, 1.6, $p < 0.005$). Conclusion: Women with arthritis are more likely to report a range of psychosocial and health-related problems. Longitudinal analyses are required to elucidate the pathways in which the stress process (stress perception and anxiety) and psychosocial mediators may contribute to arthritis risk and poor adaptation in terms of health-related quality of life.

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