















ARC CENTRE OF EXCELLENCE IN  
**POPULATION  
AGEING  
RESEARCH**

Building knowledge  
for an ageing world

humanresources.gov.au

**cepar**  
ARC CENTRE OF  
EXCELLENCE IN  
**POPULATION  
AGEING  
RESEARCH**

Building knowledge  
for an ageing world

[cepar.edu.au](http://cepar.edu.au)

UNSW Australian University SYDNEY

**ERA**  
Emerging  
Researchers in  
Ageing  
**Australia**

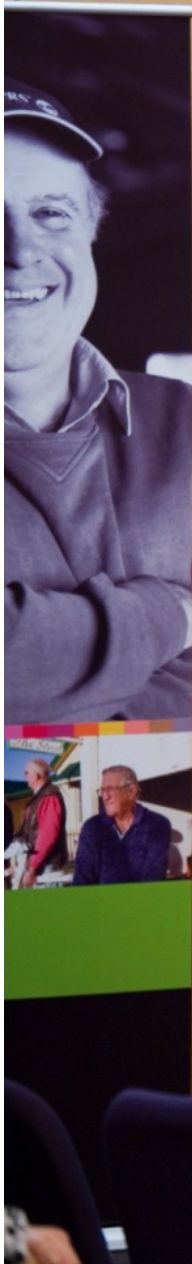
[www.era.edu.au](http://www.era.edu.au)

cepar MONASH University

















## Population Ageing

- Population ageing examines ageing from the macro-perspective.
- The essential argument is that, as a population ages, the proportion of population in the working ages falls and the average age of the labour force rises. This is perceived to be a potential problem because:
  - 1. Labour productivity is higher for those of working age. This means that, all else being equal, the growth rate of GDP per capita will fall as the population ages.
  - 2. Younger workers are seen to be more innovative and dynamic and they are the assimilators of new technology. Ageing in Japan has been referred to as a demographic malaise.
  - 3. Older people may have higher public costs, especially health costs. This is addressed in the Australian Treasury's Intergenerational Reports.















# FINISHED @ 50? Career Management for Academics Aged in their 50s

Dr. Jane

**UNIVERSITY MANAGEMENT**  
Academics as their 50s are not a priority at the moment. (DVC, 26yrs, IRU)

I can't afford to recruit the new young & hungry academics that I would like to if I don't share space for them by encouraging older less productive, less enthused academics to depart. (Dean, SA, 26yrs, IRU)

I don't think the university overall does a good job of consciously or proactively dealing with these issues. It's reactive, at best. It's ad-hoc. (Dean, HA, 19yrs, Go8)

I don't think we've done as much as we'd like in terms of career management. The tradition of academics being quite autonomous and taking strong individual ownership in terms of career. (HR Director, ATN)

It's very difficult to have succession planning where the budget is controlled more globally. (HoS, HP, 34yrs, Go8)

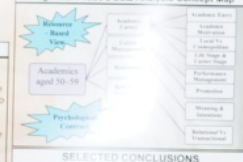
**ACADEMICS**  
There is no evidence of the university's commitment to its staff. It's all to do with what the staff is going to have to do in order for the university to be able to achieve its goals. I think they've lost that sense completely that they have an obligation to us. (AP, SP, 31yrs, Go8)

Talk about psychologic managers. I think a lot of them are. They don't believe in the better you make the staff, the better you are. (Lecturer, HA, 23yrs, ATN)

The university top heavy weights place too much pressure on academics. They need to be compliance. (Professor, SA, 10yrs, IRU)

I haven't come in here as a young person with no experience. I've come in as a short career & there's nothing for me except blocks put in my way. (Lecturer, SA, 5yrs, IRU)

Figure 2: Phase 2 Data Analysis Concept Map



1. Universities lack the strategic foresight to maximize the knowledge & expertise of academics aged in their 50s.
2. 'One-size fits all' approach ignores the complexities of academic work & does not distinguish between life stage & career stage.
3. Negative perceptions highlight the changing psychological contract.

**We don't stop playing because we grow old. We grow old because we stop playing.**

Source: Research from 2010-2011

## SELECTED REFERENCES

Department of Education & Training, 2008. *Research and Innovation Strategy 2008-2010*. Canberra: Australian Government Publishing Service.  
 Hays, 2008. *Research and Innovation Strategy 2008-2010*. Canberra: Australian Government Publishing Service.  
 Hays, 2008. *Research and Innovation Strategy 2008-2010*. Canberra: Australian Government Publishing Service.  
 Hays, 2008. *Research and Innovation Strategy 2008-2010*. Canberra: Australian Government Publishing Service.  
 Hays, 2008. *Research and Innovation Strategy 2008-2010*. Canberra: Australian Government Publishing Service.

For further information, please contact

Dr. Jane Larkin

Email: jane.larkin@kigsm.org.uk or KIGSM



# Family members' constructs of collaboration and advocacy in rural residential aged care facilities

Robyn Collins, PhD candidate

University Department of Rural Health, University of Tasmania

## Introduction

The inquiry: Caring for Older Australians is evidence of the Government's concern for providing adequate health care to a cohort that is increasing in both age and dependency.

In rural areas the situation is further complicated by distance and the provision of adequate health services, including Residential Aged Care Facilities (RACFs).

Many families and significant others visiting residents in RACFs provide supportive care through informal collaborative partnerships. These partnerships, whilst being acknowledged for their caring role, are questioned when decision making and advocacy are required.

## Aims

- To explore the nature of collaborative partnerships between family members or significant others and the care staff in rural RACFs.
- To seek an understanding of who initiates the collaborative partnership and how it is maintained.
- To explore potential issues surrounding family collaboration and advocacy on behalf of relatives in RACFs.



## Method Naturalistic Inquiry

- Participants will be invited to be involved in the study via advertisements placed in rural newspapers, and a snowball sampling technique.
- Selection criteria - Adult family members or significant others who visit low and high care RACF residents at least twice per month and advocate on their behalf.

Audio taped, semi-structured interviews will be approximately 60 to 90 minutes



"... I don't always understand the information I read, even one or two about it. I think, 'What the hell is this? I don't know.' The staff are the best. I don't know, maybe."



"... As older people have been independent and strong-willed, it's not always the best opportunity for a family to spend the care staff with influence of independence and autonomy. That's what we're looking for in terms of 'right effort to care' - not a single day."

## What we already know

The Caring for Older Australians report recognises the significant difficulties that rural RACFs face in delivering equitable and financially viable services to the aged in country settings.

It is illuminated in the report for consideration are the valuing of residents' family members as care contributors and as advocates on behalf of their loved ones.

Creating an atmosphere where residents can feel listened to, respected and valued as members of their residential communities is the objective of this advocacy and as such forms the basis of this study. This research study examines the breadth of these issues in rural Gippsland, Victoria. The study will highlight strategies that some family members (others) have developed to maintain otherwise healthy collaborative partnerships with staff.



## The Importance of Advocacy

In their family-carer role, the voices of relatives (others) of residents express feelings of:

- Responsibility
- Burden
- Exhaustion
- Worry
- Helplessness
- Depression
- Bitterness
- Powerlessness
- Inadequacy
- Coercion
- Emotion
- Duty

As advocates, family members (others) say the following are important:

- Service provision information
- Current health status
- Spiritual support
- Personalised care
- Partnered care
- End-of-life care
- Symptom management
- Credentialing of staff
- Consumer representation

## References

- 1. Collins, R. (2011) 'The Caring for Older Australians' Report: A Review of the Literature. (PhD Thesis, University of Tasmania).
- 2. Commonwealth of Australia (2011) 'The Caring for Older Australians' Report: A Review of the Literature. (PhD Thesis, University of Tasmania).
- 3. Collins, R. (2011) 'The Caring for Older Australians' Report: A Review of the Literature. (PhD Thesis, University of Tasmania).
- 4. Collins, R. (2011) 'The Caring for Older Australians' Report: A Review of the Literature. (PhD Thesis, University of Tasmania).
- 5. Collins, R. (2011) 'The Caring for Older Australians' Report: A Review of the Literature. (PhD Thesis, University of Tasmania).

## Acknowledgements

Many thanks to the PhD supervisor, Dr. Tony Barnett, UFRD (2010-2011) and the staff of the Rural Health Research Unit.





Menu planned in accordance with relevant guidelines

Resident participate in menu planning and food presentation









- Approximately 10% of Australians aged 55 years and over have asthma (ACAM, 2008)
- Asthma is **under-diagnosed**, often misdiagnosed, and undertreated
- Older adults tend to have inaccurate beliefs about their susceptibility to getting asthma and the severity of the disease (Andrews & Jones, 2009)

University of Wollongong







Factor Independent Model Factor Loadings and Factors









- Cheap to undertake – no travel co
- Accessible – anywhere, anytime,
- Reported improvements in:
  - health outcomes
  - health knowledge
  - adherence to treatment









Simon Smith<sup>1</sup>, Karen Sullivan<sup>2</sup>, Elizabeth Beattie<sup>3</sup>  
<sup>1</sup>HW, <sup>2</sup>DCRC, Faculty of Health, Queensland University of Technology

People with dementia are cared for at home by carers. These carers may experience impacts on their health and wellbeing as a result of their role. Home carers of people with dementia experience difficulties with sleep, and these sleep difficulties are associated with poorer mental health outcomes in carers.

logical and physical health  
rep quality and quantity associated with  
less the impact of the person with  
the role of circadian (body clock) function  
in carers.

### Circadian function

entia often  
rises to  
wake  
may mean  
upting their

record sleep/wake behaviour in people with  
 & their carers.  
 impact of the person with dementia's night time  
 on their carer's night time sleep.  
 & patterns of light exposure in carers and  
 dementia.

ARRS

## Method

### Participants

 Cancer  
 Partial  
 cancer

### Procedure

Quantitative  
14 days  
Autography

Quantitative  
14 days  
Autography

### Questionnaire

- Subjective (how patient feels)
- Case history (past medical history)
- Diagnostic (diagnosis)
- Medical (diagnosis)
- Quality of life (how well)
- Medical (diagnosis)
- Diagnostic (diagnosis)

### Actigraphy

...  
...  
...  
...  
...

**Expects**

- Objectively measured (e.g., number of disruption attributable to...)
- Objective and subjective measurement of disruption to circulation having

Outcomes of this study will aid in behavioural interventions that will improve the better understanding of the appropriate treatments, and problematic sleep in children.

Literacy and Role of Social Networks in Arthritis Patients

Information Seeking Behaviour  
 Joseph E. Ellis, J. Muller, A. Woodard, N. Bell

Journal of Management Education 35(10):1179-1190

2000

Health Library Contact Us

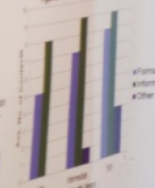
<sup>1</sup> *Journal of Law, Economics, & Organization*, Vol. 19, No. 1, Spring 2003, pp. 1–25. © 2003 by Oxford University Press

information, use of non-technical and non-technical

They are it why they are it place

information, use of appropriate statistical methods, and interpretation of treatment results.

Table 1 summarizes the participants' characteristics and demographic information.

Table 1. Participant Health Status and Demographic Information

Accession

The results of the study suggest that individuals with health literacy needs are more likely to use informal sources of health information, such as family and friends, and are less likely to use formal sources, such as health professionals. This is consistent with the findings of other studies that have shown that individuals with low health literacy are more likely to rely on informal sources of health information (e.g., family and friends) and are less likely to use formal sources (e.g., health professionals) (e.g., [10, 11]).

**Appendix**

These findings are consistent with the idea that the use of a computer in a primary care setting is improving quality and efficiency of patient care. Patients with chronic health problems who seek information on how to manage their condition are more likely to use a computer in a primary care setting. Further research is needed to confirm the findings of this study.



# Literacy and Role of Social Networks in Arthritis Patients' Information Seeking Behaviour

Janette Ellis<sup>1</sup>, J Mullan<sup>1</sup>, A Worsley<sup>2</sup>, N Pal<sup>1</sup>

<sup>1</sup>School of Medicine, University of Wollongong, NSW; <sup>2</sup>School of Exercise and Nutrition Science, Deakin University (Vic)

## Results

### Health Literacy classified as:

- Level 1 (low) – little or no understanding of health information, use of non-technical language, no personal interest in treatment details
- Level 2 (intermediate) – some understanding of health information, use of mix of technical and non-technical language, some interest in treatment, but not clear on what they ask or why they are in pain
- Level 3 (high) – good to excellent understanding of health information, use of appropriate technical language, very interested in treatment details

Table 1 summarises the participants' health literacy levels and demographic information

Table 1: Participant Health Literacy and Demographic Information

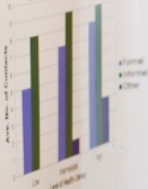
Variables	Health Literacy Level		
	1 (low)	2 (intermediate)	3 (high)
Total Number	8	8	8
Sex			
Female	8	8	4
Male	0	0	4
Age (SD)			
50-60	1	3	2
60-70	3	2	2
70-80	1	2	2
80+	1	2	2
ED	1	2	2
SD	6	5	4
ED	1	2	2
SD	6	5	4
ED	1	2	2
SD	6	5	4

Social networks provided a range of support: formal support (professional, informational, appraisal) and informal support (emotional, informational). Other sources of information ranged from medical journals and support organisation websites, through to mass media (TV, newspapers).

## Interplay between Health Literacy and Social Networks

Figure 2 highlights the main differences in use of health literacy and sources of support was reported in the literature. The level of engagement with social support networks (in up evidence-based publications) was high among those with high health literacy. Those with high health literacy were more receptive of advice, while those with intermediate or low health literacy were less receptive of advice. Those with low health literacy did not information from their doctor.

Figure 2: Health Literacy and Social Networks



## Discussion

The results of this study suggest the utility of an individual's health literacy in understanding health information seeking behaviour. Those with high health literacy sourced information from more credible sources, whereas those with intermediate or low health literacy sourced information from a range of less credible sources, including mass media, family and friends.

## Conclusion

These findings have implications for social health programmes aimed at improving quality of life and outcomes in the management of arthritis. People with intermediate or low health literacy who seek information from less credible sources may not understand the information they receive through research or professional advice. Further research is needed to confirm the findings of this small, mixed methods study.







