

Aged care orientation

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(Second ed., 2024)

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About the aged

Older people are all different so you cannot presume that any common characteristics of older people apply to any one individual. Older people are normal people, all with their own personalities and histories. Some are wise, intelligent, and well-educated. Some are not. Some are quite wealthy, while others are near poverty.

Aging normally has the physical effects below. In themselves, they do not constitute illnesses:

- | | |
|--|---|
| 1. Skin is thinner, has wrinkles, and becomes less elastic | 9. Poorer blood circulation |
| 2. Reduced body size | 10. The brain is reduced in size, but this does not necessarily cause reduced cognitive ability |
| 3. Poorer muscle tone | 11. Voice changes |
| 4. Diminished eyesight, hearing and taste | 12. Reduce tolerance of temperature extremes (heat and cold) |
| 5. Diminished immunity to disease | 13. Less sleep |
| 6. Diminished balance and coordination | |
| 7. Reduced mobility | |
| 8. Slower reflexes | |

Aging also has particular psychological effects:

1. They spend more time reminiscing
2. More difficulty keeping up with modern world
3. They tend to focus more heavily on how different things are now compared to the past, their family, and their health issues.

The aging process¹

This schema describes some of the more prominent features of different stages of old age. Being descriptive, it mentions what commonly occurs. It does not say what must happen, as if any characteristics were compulsory. Neither does it mean that characteristics always fit neatly into stages or that characteristics can only occur in the stage in which they are listed.

Aging affects people at different rates; some people are fully healthy and mentally alert at 80, while others are frail at the same age. People also age differently; some are mentally alert while their health is failing, while others are physically well but mentally in decline.

People progress through the stages at various rates. Some go through all stages before they reach seventy years of age, while others are over ninety before reaching the later stages.

1 First version Ross Woods, 2019.

First stage: Perhaps still at work

During this stage, older persons might have noticeable changes in the way they think:

1. "I can't do the things I once could do."
2. "As the world changes, I find it more difficult to adjust."
3. They tend to see cycles rather than progress. "Younger people think something is new, but I've seen it before. It was called something different then."
4. "I'm still busy but I get tired more easily."

Second stage: Recently retired

During this stage, older persons are usually still very active and tend to have a different life-style:

1. They tend to spend more time reminiscing.
2. They are still busy but most work is either hobbies, voluntary work, or helping the family.
3. They focus on family, especially children and grandchildren. They tend to want to ensure that younger generations will do well in life, and might be less concerned about themselves.
4. They like to travel. Some become *grey nomads*. These are older people who buy a caravan and travel in northern Australia when southern Australia is in winter.

Third stage: Starting to have limitations

As they advance in age, older persons tend to change again:

1. Their short term memory might be poorer, even though they have good long term memory.
2. They might start to have hearing difficulties, although deafness is rare.
3. They find it increasingly difficult to go out at night.
4. They have increasing difficulty in making decisions.
5. They fall asleep more easily.
6. They tend to prefer a simpler lifestyle.

Fourth stage: Limitations are more serious

This stage might be called "frail aged." They have reduced cognitive ability, that is, they think more slowly and are more easily confused or muddled. They might respond more slowly, although they still have the same intelligence.

They strongly prefer familiar routines and surroundings, and might be easily disoriented in unfamiliar surroundings and routines. The world is a smaller place now; their circle of friends is smaller, and they are less interested in travel.

They avoid driving at night, and for long distances. They eventually cannot drive at all and do not renew their driver's licenses.

As their health declines, they spend more time in medical appointments.

Their attitude to death is changing. An increasing number of their friends and peers have died and they attend lots of funerals. They know it will eventually come for them too.

Fifth stage: The final decline

Their health is declining, often predominantly physical or mental. They focus more on getting different kinds of medical care, and much of their time is taken in medical appointments. Death is the inevitable outcome.

Health risks

Physical health

Australians are on average living longer, and Australia has one of the world's best life expectancies. On average, people also have a longer health span, and older people have relatively good health for more of their lives.

Many people once had incorrect beliefs about the health of aged persons. First, they believed that older people could die of old age. However, this was untrue; older people can only die from illness. Second, some illnesses are not unique to old age, such as stroke, arthritis, Alzheimer's disease, and Parkinson's disease. Although risk increases in old age, these diseases can be contracted much younger in life. Third, some older people do not have these illnesses despite the increased risk.

Symptoms change with older people and they face a higher risk of misdiagnosis by non-gerontologists. Aged people who are healthy have might be diagnosed as unwell, and aged people who are unwell have a higher risk of being seen as healthy.

Some of the main health risks for older people are as follows:

1. Reduced fitness. This includes reduced muscle tone, poor bone density (osteoporosis), and poor coordination and balance. Some fitness gyms and pools have special programs for older people to maintain their health and basic fitness.
2. Poor hearing. (Hearing aids are common.)
3. Poor eyesight, especially cataracts. (However, cataract operations are now common and very effective.)
4. Higher risk of some cancers
5. Diabetes and poor blood circulation
6. Dehydration
7. Feet problems
8. Falls, especially broken hips and wrists
9. Malnutrition
10. Carpal tunnel syndrome
11. Excessive weight gain. Some weight gain is normal, although it is not usually caused by a physical sickness. Once gained, it can be very difficult to lose.
12. Sleeping difficulties, including sleep apnea.
13. Chewing and swallowing food, choking
14. Dysphagia (difficulty swallowing)
15. Vitamin D deficiency
16. Bed sores, if they are confined to bed

17. Less able to regulate body temperature in hot or cold weather
18. Incontinence
19. Constipation
20. Prostate problems for men
21. Dementia, of which there are various kinds
22. Parkinson's disease and essential tremors
23. Higher risk of contracting communicable diseases, and the effects of those diseases are more serious with age. (Influenza, COVID 19)
24. Arthritis
25. Stroke
26. Deterioration of joints, requiring hip and knee replacements
27. Diminished short-term memory
28. Older people are also easily bruised and minor bumps can cause small open wounds. Minor wounds can be more serious in older people: they have more effects and heal more slowly

Mental health

Older people often face mental health risks. Almost all of them cause "worry" and are not mental illness. Some of the main risks are as follows:

1. Loneliness, isolation, and boredom
2. Loss of independence and control
3. Reduced cognitive ability (easily confused in unfamiliar surroundings or routines)
4. Paranoia: fear that others are plotting against them
5. Nothing to look forward to; lack of meaningful or enjoyable activities (Volunteering is often a suitable activity.)
6. Financial stress
7. Loss of spouse after a long marriage
8. Lack of social relationships with people of the same age or with people of other generations
9. Frustration at no longer being able to do what was once easy
10. Frustration with change, especially new technology.
 - a. They notice that younger generations have a different culture.
 - b. They might not like modern food and prefer old-fashioned recipes with old-fashioned names.
 - c. They might be confused by modern financial systems, especially electronic banking.
11. They may be frustrated with people from a different culture or with a thick, foreign accent.

Stressors on older persons

Older people might find some things stressful, and their reasons might or might not be justified.

Carer

Do they get the same carer every time? Erratic changes of carers or frequently getting new carers can be stressful.

They might not like being touched at all, or might not like being touched by people of the opposite gender, or of a very different race or skin color. On the other hand, to never be physically touched by other people is a kind of isolation.

Exploitation and prejudice

Older people are often targets for different kinds of exploitation and prejudice.

1. Scams
2. Advertising
3. Elder abuse: physical, financial
4. Ageism and prejudice
 - a. Not seen as valued customers
 - b. Not seen as valued community members

Financial position

They are asset rich if they own their own home without a mortgage, even if they have low incomes with little disposable income. If they have cash assets, they invest conservatively and avoid high risk investments.

Loss and grief

When you encounter an older person who is experiencing loss and grief, it will be your role to give support according to your role. First, you need to be able to recognize the signs of grieving and report it to your supervisor.

Communicate appropriately when they are expressing their fears and other emotions of loss and grief. If necessary, give them and/or their support network information about relevant support services.

Task: What are the signs of grief and loss?

Categories of care

1. *At home*. People tend to live longer if they can stay in their own home with familiar surroundings. However, they often need different kinds of help:
 - a. Clean and maintain their homes, and caring for the garden.
 - b. Showering and personal care.
 - c. At home medical care.
 - d. Transport to medical appointments.
2. *Retirement villages*. Australian has different kinds of retirement villages.
 - a. Some are simply housing estates that are marketed to seniors.
 - b. Others are subject to specific government laws regulating retirement villages. They get some government funding but must also comply with regulations to prevent exploitation of older people.
 - c. *Retirement village with attached high care*. Retirement villages that are subject to specific government laws also have high care sections.
3. *High care*. This kind of home is much more like a hospital, with nursing staff to care for people who can no longer care for themselves.

Different categories of institution have different kinds of personnel:

- | | |
|----------------------|-------------------------|
| 1. Registered Nurses | 4. Administrative staff |
| 2. Enrolled nurses | 5. Trained carers |
| 3. Case managers | 6. Untrained carers |

Task

1. What kinds of personnel work in your aged care workplace?
2. What does each kind of personnel do?

Job descriptions in aged care support

These are two summaries of job descriptions for aged care workers. They might be similar to your job description:

Team member

Job title: Trainee aged care support worker (home care) or (nursing home)

1. Follow residents' individual care plan for individualized support:
 - a. Help with physical care e.g. feeding, washing, toileting, changing beds, etc.
 - b. Support their health care needs
 - c. Manage any challenging behavior
 - d. Ensure hygiene and good diet
 - e. Promote their independence
 - f. Meet patients' home needs e.g. laundry, cleaning.
2. Maintain residents safety at all times (cf WHS procedures).
3. Follow your supervisor's instructions.
4. Refer tasks outside your skills and role to your supervisor according to policy
5. Handle any normal incidents and do any incident reports as needed
6. Support their quality of life:
 - a. Show respect; build a positive and understanding relationship
 - b. Liaise with family members and carers as necessary
 - c. Help them to be as independent as possible
 - d. Support emotional well being, including relationships with families and others
7. Follow organization's policy and procedures

Notes for learning on the job

1. When you are given a new task, ask your supervisor to show you how to do it first.
2. Ask your supervisor if you get stuck.
3. Follow legal and ethical requirements, including safe work practices for lifting.
4. Act as a responsible employee:
 - a. Communicate well with clients and co-workers
 - b. Concentrate on the job
 - c. Ask for help when you need it
 - d. Identify problems and report them
 - e. Maintain a high standard of service, including suggesting improvements
 - f. Keep learning

Team leader

Job title: Aged care support team leader

1. Show leadership of a team of carers:
 - a. Be a good example
 - b. Be responsible for the work of the team
 - c. Work with minimal supervision
2. Work with coordinator to set care plan for each resident
3. Handle crises as necessary (e.g. refer to nurse or doctor)
4. All responsibilities of a team member (above)

Your organization and your role

Find out about your organization

1. What is the structure of the organization as it affects you?
 - a. Who is the head of your facility?
 - b. What is the role of supervisors?
 - c. Who else are you responsible to? (E.g. bookkeeper, schedule manager)
 - d. How is the facility divided into parts: e.g. wings, wards, houses, etc.
 - e. What the different roles? (E.g. Registered Nurse, receptionist, carer, cleaner, volunteer, chaplain.)
2. Orientation:
 - a. What do they tell you when you start the job?
 - b. What are you expected to learn later on?
 - c. Who can you ask questions to?
3. What is your job description?
4. What policies and procedures affect you? Where can you access them?
5. Are you involve in a staff meeting of any kind?
6. What laws affect what you do:
 - a. OHS
 - b. Duty of care
 - c. Regulations for aged care
7. How does the Quality Assurance system work?

Daily routines

1. Showering
 2. Eating and feeding (some residents cannot feed themselves)
 3. Toileting
 4. Changing bed sheets
 5. Dressing and personal presentation (hair, makeup, shaving, etc.)
- Note: Some tasks have specific procedures, including time allowances.

WHS inspection

1. Fall risks
 - a. Lack of hand rails
 - b. Slippery floors
 - c. Spills of liquid

- d. Trip hazards
- e. Change of floor surface
- 2. Living at home
 - a. Some people wear alarms or watches in case they call over while alone or have major health problems. But some people don't like wearing them.
- 3. Assistive aids:
 - a. Hand rails on steps and stairs, in bathrooms and toilets
 - b. Non-slip floors
 - c. Shower seats
 - d. Beds that lift up to sitting position
 - e. People with arthritis in their hands have reduced hand strength, and might use jar openers in kitchen.
 - f. If they have poor coordination or tremors, they can use aids for cutting food in the kitchen, usually bread and vegetables.
- 4. Mobility aids
 - a. Walking frames
 - b. Elbow crutches
 - c. Walking sticks
 - d. Wheelchairs
 - e. Gofers
- 5. Fire
 - a. Egress procedures, etc.
- 6. For carers
 - a. Lifting hoists
 - b. Lifting and bending procedures
 - c. Medication procedures
 - d. High shelves

Activities

- 1. Exercise
 - a. For some, exercise is casual walks.
 - b. Dancing.
 - c. Fitness classes with specific exercises to improve bone strength, muscle tone, balance, and physical coordination.
 - d. Some need specific exercises to recover from injuries.
 - e. Swimming pool, which might include specific exercises
- 2. Hobbies
 - a. Many seniors have hobbies of different kinds, and some are still involved in some kind of sports. One of the signs of decline is loss of interest in hobbies about which they were previously enthusiastic.
- 3. Church, not just church services, but also other kinds of church groups
- 4. Activities of interest: outings
- 5. Volunteering: the Australian non-profit sector depends heavily on older people who are still healthy and active.
- 6. Families. Some older people have regular contact with their families. However each situation is different.

Engaging residents in conversation

Remember residents' names and use them. Address people as "Mr." or "Mrs." unless they specifically ask you otherwise (e.g. first names). Remember to say hello whenever you meet them for the first time that day.

The conversation style needs to make people look forward to seeing you the next time they see you. You can talk about current things that will interest them.

Talking can also be a helpful distraction from something uncomfortable, such as being showered. Explain what you are doing as you do it.

Beware conversation topics that might not be welcome. For example, if they have difficult relationship with family members, they might not like questions about their family.

It is a specific skill to use gentle words to calm residents who are grumpy, uncooperative, or unhappy. You will find that some people might not want to accept your help no matter how much they need it.

Individual support

Aged care workers support older people to keep their independence with activities of living. In general, it is about being helpful, staying within your work role, and giving older people respect. At all times, follow your organization's policies and procedures, and work within your work role and responsibility. For example, they might need help with:

- Home and garden maintenance
- Maintenance
- Transport to social and recreational activities
- Transport to appointments
- Cleaning
- Domestic laundry
- Meal preparation
- Shopping
- Financial matters
- Personal correspondence
- Pet care