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Speech by Adam Graycar:

"Nursing profession and the aged"

delivered at the School of Nursing Graduation Ceremony, Hampstead Centre, Royal Adelaide Hospital, 18th December, 1985.

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Adam Graycar

HAMPSTEAD CENTRE

GRADUATION ADDRESS

18 DECEMBER 1985

HAMPSTEAD CENTRE
ROYAL ADELAIDE HOSPITAL

NURSES GRADUATION ON 18/12/85

Time: 2.30 pm to 4 pm (Please arrive few minutes early)

Program: Chairperson - Mr Barrett
Chair (Chairperson, Board of Mgt, RAH)

Report from Acting Director of Nursing, Ms Marie
Fedoruk

Presentation of Certificates, Ms Tostevin,
Chairperson, Board of Mgt, Hampstead Centre

Address from Dr Graycar (5-10 minutes or longer)
Subject: preferably on gerontics

Vote of thanks

Afternoon tea.

Directions to Graduation Hall

From city - to Hampstead Road turn into main gate

- Park on righthand side carpark

- walk from carpark north to Admin Building

(Graduation held in B5 - new School of Nursing)

Bar
Test
~~Handwritten scribbles~~
F & Rel
number

It is my very great pleasure to be here with you today to share this important day in your lives, this memorable day, this transitional day. You have come to the end of one era - you have learnt a lot and achieved a lot and now its onto practising what you've ^{had} preached at you. At least you all, unlike some other new graduates who I've addressed - not in nursing - have had a practical learning experience - an opportunity to learn on the job and to ^{know} what sorts of tasks your professional lives will confront you with.

The contribution that the nursing profession makes is significant and monumental. For far too long our nurses have been taken for granted as have the tasks performed by nurses. Stereotypes have developed - among them for example that doctors are gods, social workers are arrogant and nurses are martyrs. I'm glad to say that in the ageing field in which I work, the stereotypes are giving way to constructive professional partnerships, and I'm sure that you, as a new wave of professionals will add immensely to the partnership upon which our aged care futures are being built.

There are, in South Australia today, 118,000 people in their sixties, 72,000 people in their seventies, and 27,000 in their eighties and over, that is about 217,000 people over 60, and 100,000 over seventy. ^{Over the last decade} ~~Comparing our population today with that in the census before last (1976)~~ the number of people in their sixties has increased by 14.3 per cent; the number in their seventies and eighties by 25.8 per cent. During the same period the population as a whole increased by only 9.5 per cent. As we look to the future, over the next 25 years S.A.'s population will increase by 27%; the population aged 65 and over by 67%; the population aged 75 and over by 118% and the over 85s by 225%.

100 yr
days

Our population is ageing slowly, but unevenly. In addition to growth we have seen a massive increase in life expectancy.* Over the last 100 years life expectancy at birth has increased from 47 to 70 years for males and for females from 51 to 77 years. This I would contend is an achievement for society, and not a calamity as suggested by some of my bureaucratic colleagues in Canberra. At age 65, on average a man can expect to live another 14 years while a woman can expect to live, on average for a further 18 years.

~~When translated into goods and services and social facilities and supports, this warrants careful policy attention.~~

Our Elderly people require a wide range of supports, mostly income support, but also health services, housing support, and social services. ~~Public resources which are allocated are substantial, yet the range of incomes, access to services and housing situation of elderly people is probably wider than for any other population category.~~

The diversity of the elderly population is enormous. About two thirds of those over 65 are under 75, that is most elderly people are of an age where people are usually physically healthy and mentally alert. Their main problems relate to adjusting to retirement, and in most cases the associated income reduction.

For them, income maintenance and preventive health services are of great importance. About one third of people over 65 are

over 75, and thus of an age where most people need more than average levels of support from the community. In addition to economic and social dependencies, physical limitations and disabilities become part of the lives of many people.

Dependencies increase with age and we have noted two significant features. The rate of institutionalisation for people aged 75 and over is more than doubled that of those aged 65-74. And second, the incidence of dementia increases with age. Today it has been estimated that there are about 10,000 people in S.A. suffering from dementia - this is equivalent to the population of a city like Port Pirie. As the structure of the elderly population changes, so too will the incidence of dementia - from one in 20 of people over 65 to one in 5 of people over 80 - we are on the verge of explosion of care - and it is here that you have a major role to play.

The overwhelming majority of elderly people live in private households. In its 1981 Handicapped Persons Survey, the Australian Bureau of Statistics identified Australia wide, 450,700 people over 65 as having handicaps, and of these 82 per cent live in private households and 28 per cent in institutions. Again age was significant. Of those aged 65-74 92 per cent of those with handicaps live in private dwellings while for those aged 75 and over 72 per cent of those with handicaps live in

private dwellings and 27 per cent in institutions. Therefore, not only do the overwhelming majority of elderly people live in private households, the overwhelming majority of elderly people with handicaps live in private dwellings. And most are women, mostly living alone.

While most elderly people with chronic disabilities live in the community, significant number live in hospitals, nursing homes and hostels. The big debate at present is whether it is appropriate to offer only custodial care, or whether a full scale rehabilitation program will be the order of the day. This requirement will be resolved politically and not professionally, but whatever the outcome. Your role will be significant in providing part of the support system - part of the caring network.

As most older people with handicaps live in the community we often hear the call for families to play a greater role in care. Oh for the golden age, people often lament, when families did more for their older relatives than they do today. In reality there never was such a golden age when family care was more forthcoming than it is today. In general, people did not live long enough to become dependent, and work patterns usually meant that one worked until one died.

Now we are in a very different ball game. In giving people more time to live, science and medicine have also given them more time to die. ~~When we look at our present capacity to solve problems it is apparent that we do our best when the problems are mostly technical and involve little or no social context.~~

While life expectancies have increased, the associated dependencies are more chronic than transitional, and

families are less able to provide the supports required, and less able to cope.

Changing demographic patterns demonstrate the limitations on the pool of potential caretakers. In Australia the middle aged unmarried woman, not in the labour force, who could be counted on to provide care is a disappearing species. // Labour force.

participation rates for women have increased by 15 per cent in the past decade so that 44.4 per cent of married women aged 45-54 are in the labour force. Furthermore, there are fewer "never marrieds" in Australia than ever before. Of women aged 45-49, 22 per cent in 1901 were never married. Today the proportion is only 4.8 per cent. For every 100 elderly persons in 1901, there were 8.7 unmarried women aged 45-59. Today there are only 4.1. Of those forming families in the mid-19th century, 80 per cent had four or more children. Of those presently in their seventies, only 25 per cent have had four or more children and furthermore, about 30 per cent have no children or only one child.

*lab
force
manage
smaller
families.*

It should be noted that a considerable number of elderly people do not have families, or none that they are able to call upon, though of course, many do. Some family members will gladly seek out caring arrangements; others will do so more reluctantly; a number will refuse.

The point I am writing to you is that not only will there always be a need for your professional skills, one should never assume that family support (where it is available) is a substitute for ^uyour professionalism. They are two complementary support systems, not two mutually exclusively systems.

It is important to remember that most older people are not sick, are not disabled, are not desperately poor, are reasonably well housed and like the locations they live in. There are however significant numbers that do have difficulties in many areas. The message I keep stressing is that we must discard the totally inappropriate stereotype that older people are problems, and concentrate instead, on the problems they have. To do so requires good policy analysis, strong community responsiveness and very importantly, the elimination of unrealistic, patronising and unhelpful stereotypes.

With the help of the nursing profession, among others I want to identify conditions, needs, problems, service strategies, solutions. I want to identify gaps in services; I want to identify mechanisms which broaden inclusion and reduce dependency. I want to look at pressures on service providers as well as gaps in services.

As I travel around and consult with and gather information from elderly people, providers of services, governments, and researchers in the field, I am slowly putting all the bits together.

I am required, by Act of Parliament to
devise mechanisms

~~The Commissioner for the Ageing Act, 1984 has objectives oriented to the enhancement of the quality of life of elderly people and the reciprocal enrichment of the community in which elderly people live. The Act requires the Commissioner to provide policy advice relating to programmes and services for the ageing, and in so doing to monitor practices of all levels of government, gather data and undertake research, and consult widely.~~

It seems to me that Park is
yours Yoo

Science
As I said a few minutes ago in giving people more years to live and medicine have given them many more years in which to die. Our task together is to ensure that those years can be filled with dignity.

As I look now at you all I am filled with hope and with optimism. You have chosen a hard career path, you have endured the rigors to date of hard work and intangible rewards, and you have chosen to continue in this field, one of the fastest growing areas in our society. I congratulate you on your achievements to date and wish you well for the future practice of your profession.