

Australasian Insights into the Evolving Roles of Aged Care Nurses

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Abstract

Aged care sector in Australasia is also experiencing massive metamorphosis that has led to a reconsideration of the multilateral roles played by aged care nurses. These specialists work not only as clinical caretakers but also as advocates, programmers, classifiers, and emotional reenforcers in more and more intricate settings of care. The paper describes the changing role of aged care nurses in the socio-cultural, economic and policy environment of Australia and New Zealand. It points out the role of demographic changes, labor shortages and altered expectations of older people in becoming one of the factors that influence the practice of nursing. Moreover, it emphasizes the need of ongoing professional growth and ethical awareness, as well as cultural capacity to provide comprehensive and person-driven care to the elderly. Comparatively and qualitatively, the research study gives a glimpse into how aged care nurses are responding to change towards achieving the requirements of the contemporary context of gerontological professional practice and at the same time maintaining high quality customer-friendly services.

Keywords: Aged Care Nursing; Australasian Healthcare; Elderly Care; Gerontological Nursing; Nurse Roles; Person-Centered Care; Nursing Advocacy; Workforce Development; Cultural Competence; Holistic Care.

1.Introduction

In Australia and New Zealand Aged care has become an active and fast growing industry with significant demographic changes, policy changes and many diverse and complex healthcare requirements in older citizens. With rise in life expectancy and chronic disease incidence the health systems are moving out of the curative model to the long-term and sustainable care delivery model that maintains the quality of life and the functional independence in the elderly. In this change, the aged care nurses have been classified at the centre of the system as frontline practitioners because they not only provide clinical interventions; they are the providers of emotional, social, and psychological wellbeing to the elderly individuals. They have increased roles that involve a multidimensional approach to the study of ageing, robust inter-personal skills, cultural awareness, and extensive dedication to advocacy and independence among the older adults.

With recent years, aged care nursing now found its renewed focus because of the burning issues of elderly abuse, elderly isolation, poor staffing and unacceptable care surroundings. These issues, becoming openly known in Royal Commissions and national inquiries, have stimulated a reform effort, both legislative and regulatory, most significantly in Australia(1). An example is the Australian Aged Care Quality and Safety Commission (ACQSC), which has since last year held providers and staff particularly accountable in terms of evidence-based practice and open documentation and reaction to the changing requirements of care recipients. It is amid this backdrop that aged care nurses are no longer regarded nor recognised as caregivers tasked with routine medical practices; they are now reputedly and recognised part and parcel of multi-disciplinary care planning, behavioural intervention plans as well as ageing successfully (or healthy ageing) via relations, education and exposure.

The philosophy of healthy ageing adopted by health bodies such as World Health Organization (WHO) highlights the need to allow the aged persons to maintain the capabilities that they consider important. Through this edifice, the ageing process is understood in terms of empowerment and integration within the society instead of decay and reliance. The aged care nurses have a crucial role to play in turning this philosophy to practice; develop care methods and practices that are person-centred, flexible and that responds to personal aspirations. Through this they are supposed to integrate social, spiritual and cultural components in provision of care and this is one way of escaping the biomedical model to a more holistic picture of the health. As an instance, organized engagement in local activities, religious rites, artistic treatments and contact with younger generations have all been identified to encourage mental sharpness, diminish loneliness and aid emotional steadiness in aged people in a major way.

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Furthermore, national standards, such as Nursing and Midwifery Board of Australia (NMBA) and its Code of Conduct, are emerging making the aged care nursing in Australasia to have clear expectations of ethical behaviour, cultural competence, and patient involvement. Consultative care planning, shared decision-making as well as respect of autonomy of older persons in relation to older persons are emphasized by the NMBA. In this regard, the task of a nurse goes beyond the care delivery, and encompasses such issues as human rights, clinical integrity, and interpersonal dynamics, which form very complicated frameworks. Ethical aspects of aged care nursing are especially relevant when working with such concepts as consent, capacity, end-of-life choices, and reporting and identification of elderly abuse(2).



FIGURE 1 Aged Care Nurses Impact Elderly Wellbeing

One of the major problems that are being experienced in the practice of aged care is the growing rate of isolation and mental distress amongst the aged. The loss of a spouse, limitation of mobility, the diminishing ability of senses, and displacement out of family habitats among others, commonly lead to loneliness that becomes a widespread issue. Among the first professionals to recognize such emotional conflicts are nurses, whose reaction may significantly affect the further mental well-being of people receiving care. Social prescribing, peer engagement work, and coordinated community support are evidence-based strategies that have been more integrated into nursing practice as vital instruments to combat these issues. As such, aged care nurses play caregiver as well as a social navigator roles, i.e., strike the balance between clinical support and community resources.

Simultaneously, the systemic nature of elder abuse has led to the more active and careful approach on the part of nurses trying to detect, report, and address the evidence of abuse. Abuse can be both material and psychological, physical or even a lack of care and can happen both within an institution and at home. According to Australian law, aged care nurses are mandated as well as legally and morally bound to take some action where there are indications of abuse. This part of their work requires not only a situational awareness but also courage, is able to advocate and excel their vast knowledge of the available legal protection.

To complicate aged care nursing further, the mass of changes to legislation and policy has introduced a web of liaisons with clinical governance, documentation, and care protocols. Serious regulation of accountability during care delivery process is outlined in Aged Care Act 1997, and the succeeding amendments, the Aged Care Quality Standards and the Restrictive Practices legislation(3). The primary role of the nurses in the execution of such mandates is the creation and the execution of the Behaviour Support Plans (BSPs) which must be prepared on any resident that has challenging behavior or that might present the risk of restrictive interventions. Such plans have to meet the requirements of the ACQSC, which states that they should be reviewed regularly, are developed with the support of care teams and family members, and should be adherent to the principle of the least restrictive alternative.

The backlog and delay in the access of the aged care system is another urgent matter. The workload of residential care (including long waiting lists) and Home Care Packages has caused observable growth of mortality and morbidity among the elderly receiving home care. In this environment, nurses tend to take leading roles-

mobilising informal care channels, advancing interim care plans and working with clients to ensure that they remain independent in the interim until more comprehensive services come. These gaps have been beneficially handled through the concept of strengths-based nursing, which utilizes the potential of family, friends and community. The model of nurses trained through this model emphasizes on enabling and not rather rescuing; it builds confidence, skills, and independence of not only the client, but also their informal caregivers.

Last but not least, good communication needs to be optimised as an essential aspect of good aged care. Ageing is one of the factors that are associated with dementia, hearing loss, and dysphasia, which affect natural communication. Combine this with increased cultural diversity among the ageing population and the task is further increased. Older nurse specialist nurses need to develop flexibility in their communication strategies excessive use of visual strategies, use of an interpreter, use of assistive technologies, and emotionally open listening as the means of creating a rapport and guaranteeing the presence of the right information flow(4). But even more importantly, besides communication as the delivery of information, it has become a route to connection, trust, and emotional validation, all of which play a crucial role in maintaining dignity and affirming humanity in each human in care.

2. Promoting Functional Wellness through Holistic and Person-Centred Aged Care

The term healthy ageing has much more meaning in contemporary aged care contexts within the Australasian region than mere medical stability; it is instead tied closely to maintenance of functional, psychosocial wellbeing as well as meaningful participation in life. Understanding a healthy ageing process according to the definition established by the World Health Organization, which focuses on further promotion and preservation of the functional capabilities that allow wellbeing in old age, nurses will redefine as one of the central factors of personal empowerment, independent living, and comprehensive care. The formulation of functional ability implies the inclusion of various aspects of life, mobility, thought-processing, affective regulation, relations with other people, involvement with community, and even feelings of purposefulness.

The concept of holistic approach in aged care nursing requires consideration of the fact that health does not only mean the absence of disease but the existence of physical vitality, emotional gratification, social integration, and spiritual fulfilment. Therefore, aged care professionals are supposed to come out of clinical lists of checks and diagnosis-based care. Rather on the contrary, they embrace a rather holistic prism that takes into account the specific psychological, social, spiritual, and environmental influences that define the quality of life of an older individual. Nurses in residential aged care facilities, hospitals and community should incorporate other therapeutic modalities into the common practices which include music, art, faith-based rituals and recreational therapy(5). Such interventions not only help in better cognitive performance, these interventions help to lower incidences of depression, agitation and deteriorating functions.



FIGURE 2 Aged Care Nurses Impact Elderly Wellbeing

The vital characteristic of this paradigm is the focus on person-centred care. In this model, an aged care recipient does not perceive as a passive subject but as an active party in their treatment process. In decision-making about

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food, at what time to do personal routines, interacting socially, and preferences of physical spaces, elderly people should be enabled to have as much freedom as possible. A big part in implementing this autonomy falls on the shoulders of nurses. As a case in point, care recipients can be offered a range of opportunities to have their suggestions in regards to a daily routine they want to have and be involved in decisions regarding medical actions that might be undertaken, as well as lifestyle alternatives aged care nurses can tremendously boost personal dignity and confidence levels and levels of motivation. Such participatory processes are usually associated with better physical and cognitive outcomes, which are the critical elements of ageing healthily.

Social interaction is very critical toward ensuring that a person maintains their mental acuity and emotional stability with old age. Several researchers have demonstrated that as the older generation engage in social activities, religious events and even non-formal meeting, it has been scientifically calculated that the mental sharpness and emotional wellness improve. Nurses are frequently the organisers and facilitators of these social spaces and may facilitate access to an isolated individual, coordinate the interactions with a group of people, organise group outings or access transport and support. Also, creative treatments, like art workshops, choir, or narration groups are used to awaken the neural pathways, make one express emotional state and restore the sense of self and belonging.

The Australasian aged care nurse should also be sensitive to the broad spectrum of the personal, cultural and spiritual beliefs of the care concerns. Due to the multicultural nature of Australia and New Zealand, nurses usually communicate with peoples representing Aboriginal, M re, Pacific Islander, and many migrant populations. Cultural competency is not an elective route; it is an ethic requirement. It refers to the potential of comprehending culture-based conventions regarding family structure, health values, religious practices, dietary restrictions, and end-of-life activities. The nurses will be required to provide flexible models, which can be adjusted to a variety of expectations, but at the same time, ensure clinical rigour and safety(6).

Simultaneously, nurse-patient relations should be managed in an understanding and professional way. Although aged care requires a pure emotional presence, it is also significant to set and define the right boundaries. Being over-involved may create burn out, or moral ambiguity, whereas being under-involved can result in emotional neglect. Being in this balance and juggling between the two states of being be present and loving and at the same time objective, not breaking or compromising confidentiality or regulatory roles makes the “art” of aged care nursing.

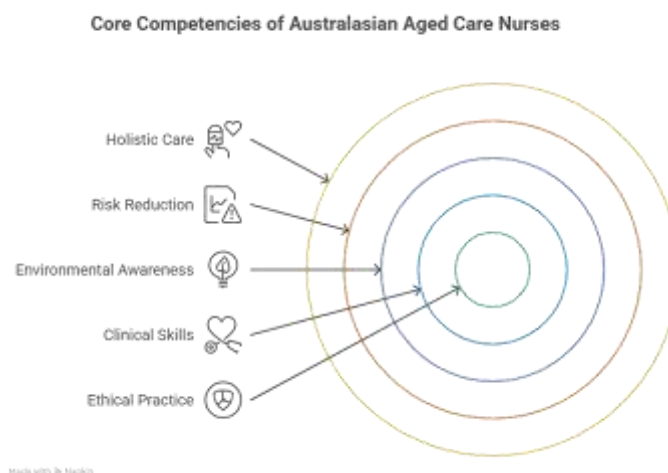


FIGURE 3 Core Competencies of Australasian Aged Care Nurses

Vigilance is one of the most important aspects of the aged care nurse. Most of the elderly patients are supported by a variety of chronic conditions, including cardiovascular disease and diabetes to dementia and arthritis. These tend to coincide with polypharmacy and growing frailty. The aged care nurses should know how to detect minor changes in health conditions, including lapses of the mind, heightened fatigue, absence of appetite, or behavioural change. Timely intervention and quick detection can also avert a stay in hospitals, enhance recovery and even increase the life span(7). The ability of nurses to make clinical decisions during times of crisis and crisis management is also very vital- knowing when to step in, when not to step in and referring matters to other health care professionals or calling emergency services.

The other facet of aged care nursing is environmental awareness. Environmental settings which involve their residential homes, residential buildings and hospitals affect whether the older adult can achieve functional independence or not. It is common to see the involvement of aged care nurses in taking the initiative to recognize environmental hazards (example loose rugs, inadequate lighting, or toilets that are poorly accessible) and offer the right remedies. Such adaptations may be either structural or behavioural and are adapted to offset anticipated future declines or planning recovery after illness or injury.

More importantly, risk mitigation does not only mean preventing falls or injuries, but also preparing yourself and a loved one in terms of cognitive and sensory loss which involves the promotion of adaptive technology, the creation of communication aids, as well as a simplified environment that will not contribute to the disorientations or stress. As an example, modification of utensils, visual cueing systems, or accessible signs can be used to maintain independence in persons with early dementia. Nurses need to implement these strategies in combination with occupational therapists, relatives, and the recipients of the care.

In general, healthy ageing is not an intervention registered in holistic nursing but a continuous flexible procedure. It encompasses a personalized knowledge about the life path of the older adult and a capability to act with compassion, talent, cultural knowledge. Nurses play a primary role in making sure that older people do not just survive, but also thrive, with dignity, choice and agency preserved. With the ongoing development of aged care systems in Australia and New Zealand, the role of the nurse will also have to expand not only to address the material needs of the ageing population but also their desires to experience meaning, affiliation, and agency towards the later stage of their lives.

3.Addressing Isolation and Safeguarding Against Elder Abuse in Contemporary Aged Care Nursing

The process of growing old is usually accompanied by drastic changes in a variety of emotional, cognitive, and social aspects. Across Australasia, one of the most urgent and most often ignored issues affecting older adults is the increasing problem of loneliness and social isolation. These psychosocial conditions do not just degrade emotional health; they are closely related to the emergence of faster cognitive deterioration, development of chronic illness, and early death. To nurses working in aged care it is an ethical and fundamental part of professional practice to respond to these intangible but very devastating facets of health. Aged care nurses in this changing world should do more than simply provide clinical care, they are needed to be community connector, health advocate and a strong guard against neglect and abuse.

Many older adults live under the social isolation, which occurs most commonly when a combination of life transitions occurs in old age: retirement, bereavement, loss of mobility, and moving into a strange setting like a residential aged care facility. Such alterations may blow apart the existing social relations and disrupt routine life of individuals, depriving them of the feeling of belonging and inner support. The implications are enormous. Several studies in Australia, and New Zealand have indicated that chronic feelings of loneliness lead to depression, and greater rates of admissions in hospitals as well as a sharp drop in the health status of the affected individual. In this regard, because of their exclusive access to the elderly patients, aged care nurses can notice early symptoms of isolation, withdrawal, lack of activity participation in common experiences, and blunted emotional states, and derive the most significant opportunities to act significantly(8).

Structured and unstructured social interaction may be one of the most effective instruments, which could be used by aged care nurses. This may be through the organisation of group outings, promotion of community event attendances and the organisation of family and friends visits. Also, nurses tend to initiate residents into spiritually satisfying activities, music, culture-specific ritual events, and art therapy all of which provide opportunities of each person finding their own meaning and integration into the common life. More to the point, these interactions have to be culturally aware and in line with the history, ideology and interests of the person. In such multicultural societies as Australia and New Zealand, this implies embracing diversity of spiritual traditions, interpersonal norms and modes of communication by the aged care providers. Cultural congruence care is not taking an option but a determiner of trust and therapeutic competence.

In addition to that, older adults need autonomy and choice of decision making to maintain their dignity. Empowerment and self-respect Spending money on a delicious dinner is one thing, but it does not make people happier than when they are presented with meaningful choices about the food they want to eat, the activities they wish to do, or the plan for their care. In its turn, this induces the feeling of the ability to control the surrounding

world and minimizes the chances of emotional breakdown. The role that nurses play in ensuring that this autonomy is upheld is paramount as the nurses ensure that supported decision-making is available, they protect the individual wishes of the clients and they oppose the oppressive rule of paternalism that silences the voices of the elderly. The change to empowerment-based care is a revolutionary improvement in aged care practice.

However, the two threats of loneliness and disempowerment are not the only threats lurking behind ageing individuals. Another urgently addressed problem is the topic of elder abuse a sort of maltreatment that can be easily hidden under the radar and close to care providers. The elder abuse may take the form of physical abuse, psychological abuse, sexual coercion, financial abuse, neglect and institutional neglect. It can take place at the family level, as well as in institutions or even in the community, usually perpetrated by either family members and caregivers or classmates. The unfortunate thing is however that sometimes the victims fail to report the signs of abuse or to report at all because they are afraid, ashamed, or because they have cognitive impairment.

Aged care nurses can occupy a frontline position with regard to detection and redress of elder abuse. They are likely to be early warning signs of noticing behavioural changes like; unexplained injuries, fearfulness, withdrawal, confusion or strange financial transactions. They are not decisive manifestations, but they still should be carefully recorded and analyzed by a professional or, in case any legal involvement is possible, elevated to the management and law enforcement levels. The scheme designed in Australia requires that specified types of abuse especially those that involve restrictive practice or unauthorised interventions are reported within a certain period of time this is referred to as the Serious Incident Response Scheme (SIRS). Nurses are not only required by the law to follow this protocol, but they are also morally required to champion the interests of safety and dignity of those under their care.

Although the problem of elder abuse is currently widely acknowledged as a burning one, in Australia, there was no single national legal definition of this concept up to present, after the arrival of the dedicated legislation on elder abuse in the Australian Capital Territory (ACT) in 2020. This legal gap highlights the necessity of clinical attentiveness, as well as a need to pursue professional education on an ongoing basis on how to identify and react to abuse. The nurses should be educated to engage in delicate discussions, to establish trust with those people who may be affected, to communicate with relatives or custodians where necessary, and to maintain confidentiality laws and codes of practices with the professionals(9).

Inhibition of abuse includes the establishment of safer systems and is not only limited to responding measures. Nurses working in aged care establishments ought to take an active role in the creation of safety and transparency culture in their working environments. This involves being an advocate of sufficient level of staffing, engagement in risk assessments, and facilitation of behaviour support plans in clients with complex needs. The plans, now a legislative requirement, should contain non-restrictive behaviour management practices and should be reviewed on a regular basis in association with families, general practitioners, allied health personnel, and care recipient. The latter methodologies cut down the use of curtailing measures and support the belief of dignity-sustaining care. The situation of dealing with isolation and abuse in aged care is a burden given the shortage of workforce, complexity of care and its emotional impact on the frontline workers. In order to curb these pressures, organisations should curb continuous professional developments, debriefing support and interprofessional collaboration. By providing an emotional nurse with clinical empowerment, one can rest assured that such professionals are significantly more likely to establish trusting relationships with their clients and understand the early signs of distress or harm. Further, reflective practice and peer mentorship can assist in pushing through any emotional baggage that comes along with trauma or ethically grey cases, helping to retain and keep nurses happy with their professionalism.

Overall, the modern aged care nurse in Australasia has to work in the expanded field of influence, not only clinical competence but the sphere of emotional care, social advocacy, cultural leadership, and legal responsibility. Fighting loneliness and eliminating abuse are no longer minor tasks in the profession, they are in the core of what quality aged care should do. As the health systems are changing to adapt to the needs of the ageing population, the role of the nurse must also change with it the integration of compassion and vigilance, autonomy and protection, therapeutic presence and compliance with regulation. It is through these multidimensional competencies that aged care nurses represent an invaluable presence of support to the protection of not only the health but also the humanity of the older Australians and New Zealanders.

4.Managing Legal Changes and Adherence in the Aged Care Environment in Australasia

The legal and regulatory environment around aged care in Australasia and especially in Australia has significantly changed over the past few years. The origins of these reforms are best demonstrated by the increase in concerns over the quality of aged care services, the transparency thereof, and the accountability of these services and the dire necessity to preserve the dignity, rights, and wellbeing of older people. As the major access points of clinical contact and moral keepers of the aging care experience, aged care nurses should immersingly be involved in this changing legal landscape. They are no longer the persons limited to bedside care and currently need to possess protective literacy, regulatory awareness, and active involvement in the quality improvement.

The most important means of law that governs aged care in Australia is the aged care Act 1997, which is a federal statute governing the format of the provision, funding and governance of aged care services where such aged care services are government-supported. The act covers a wide scope of legal principles, including care provider approvals and compliance processes to rights provisions of aged care residents and proficient and good-quality provision of care. It is a legislative guide on nursing residential models as well as community care models, and it includes further points of culturally safe as well as person-directed care(10).

Nonetheless, the regulatory system previously existed and subsequently both criticized and changed with the release of a report by a Royal Commission into Aged Care Quality and Safety that entailed the considerable amendments to the legislation on aged care. The updates are expected to enhance transparency, maintain care standards and protect the care recipients against neglect abuse and improper interventions. Nurses working in aged care facilities are no longer asked to show only their competency in clinical practice but also their outstanding commitment to these legal requirements. This dual mandate has changed the professional face of nurses in the field whereby nurses are given the duty of accountability in-line with their legal and ethical responsibility as well as their clinical judgment.

One of the major consequences of the reform is that the ability of the Aged Care Quality and Safety Commission (ACQSC) to determine and govern is extended. This organization is a national regulatory organization formed by Aged Care Quality and Safety Commission Act 2018 and charged with the responsibility of monitoring, assessing and enforcing standards within the aged care facilities. It is central in achieving care providers, both within the organisation and among the individual healthcare professionals, who should simply stay up to expectations in terms of consumer dignity, safety, governance, and transparency. In this regard, the ACQSC has come-up with a series of eight Aged Care Quality Standards, in which the nurses have a direct role in the achievement of almost all the standards especially those that deal with consumer engagement, continued assessment, and responsive care provision.

One of the most commendable changes is the introduction of increased regulation pertaining to restrictive practices, as its use is now bound by the specifics of the legislation. Conventionally, physical, chemical or environmental restraints were unethically used without adequate documentation in the past. Since the recent amendments or changes made to the Aged Care Act and the Quality of Care Principles (2014), it was required that any instance of restraint should be used with a justification, minimised, documented and periodically revised. Aged care nurses have a central position in this process. They are charged with the responsibility of determining whether there are behavioural antecedents, experimenting non-restrictive interventions, and creating a detailed Behaviour Support Plan (BSP) of all the residents displaying behaviours of concern.

BSP is a very important regulating instrument. It reveals the personalised behavioural portrait of a resident, enumerates the previous intervention efforts tried, and describes the methods of least restrictive care that are needed. Notably, it supplements, but is not a substitute to the larger care plan, being instead part of a specific part of it. It is the role of nurses to both formulate, and take part in implementing BSPs together with families, general practitioners, behavioural specialists, and the aged care recipient (as far as possible). Moreover, in case the restrictive measures are used, nurses should constantly observe the appearance of distress, side effect, or functional deterioration and should report about them in the Serious Incident Response Scheme (SIRS), when necessary. Such legal and clinical necessities make nurses at the epicentric of using as well as advocacy.

In order to facilitate the passing of such new mandates, a variety of other aged care legislations have been introduced in Australia. They consist of the Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016, providing a greater choice of residents with regard to making decisions; and the Aged Care (Living Longer Living Better) Act 2013, increasing the care availability of residents and funding sources. The principles of administrative issues have been resolved in the legislative framework, as well, including in the Aged Care (Red Tape Reduction in Places Management) Act 2016 with the efforts to increase the efficiency of the service delivery.

Now nurses are supposed to work with a working knowledge of such legislative tools, in particular, when implementing consent processes, documenting care, or clarifying rights to residents and their families.

In addition, aged care nurses are supposed to be serving on governance systems in their organisations. The ACQSC challenges all care providers to formulate effective clinical governance structures- structures that promote the ethical regulation, quality assurance and consumer-centred risk management. Nurses are directly involved in the process of ensuring there is an active presence in audits, compulsory intercession training, and leadership of incident inquiries. Their expertise and practical experience are so valuable in formulating both local and organisational policy. The most crucial of these is their documentation habits; altering documentation, deleting the important details, failure to observe documentation requirements are not only clinical errors but also violations of the new compliance regime.

Nurses should also learn of consequences of these laws on the resident empowerment. Case in point, there is a new emphasis in the legal reforms on the necessity of listing informed consent-not only in medical procedures, but also in regard to all services undertaken as aged care, including behavioural intervention, physical movement plans. This involves involving the proxy decision-makers where the residents are intellectually incapable and also all decision made must represent the values and preferences of the resident. As advocates, nurses contribute to the fact that the care has not only become safe and legal and but ethical and personalised as well.

Lastly there must be constant learning. With the ever-evolving nature of the legal expectations, today aged care nurses have a responsibility to update themselves with the changes by continually improving their profession (CPD), policy briefings, and interdisciplinary collaboration. Access to such education needs to be made easy through health services and professional bodies so that the nurses are not caught unprepared to tackle clinical as well as legal needs. By so doing, the aged care workforce will be in a better place in order to deliver according to the expectations of a sector that is under extreme reforms.

To wind up, the older person care nurses in Australasia are currently operating in a legal environment whereby they are required to raise the standards of accountability, disclosure, and strategic partnership. Their purpose has been extended beyond customs of traditional care giving management to additional obligations of compliance monitoring, legal reporting, rights enlightenment and behavioural planning and support. It is in such a regulatory environment that the nurse should stand as a linchpin whose responsibility goes beyond ensuring care delivery can be done in a safe and compassionate manner, but also within the parameters of the national law and ethics. With the further development in the realm of aged care, the legal competency of the nurse will be an issue of no lesser importance than their clinical acumen.

5. Conclusion and Future work

Aged care in Australasia is experiencing some dramatic turnarounds, socially, legally and professionally. Key in this change is the aged care nurse whose role has increased both in magnitude and in complexity. The modern-day aged care nurse is no longer limited to performing only clinical tasks and is a multidisciplinary health worker, cultural broker, employment lawyer, and an emotional ship. With the rise of demographic trends toward an ageing population having greater diverse needs, the nurse emerges as a key figure to the quality, dignity and safety of aged care within Australia and New Zealand.

This article has redefined the complex roles of an aged care nurse in Australasian setting and elucidated the aspects affecting its possibilities. At the micro level (in many respects, nurses are enmeshed in the personal and institutional depths of aged care), these professionals ensure healthy ageing via holistic and person-centred practices as well as solve the problem of social isolation and elder abuse. Their activities must be within the context of evidence-based practices that embrace uniqueness, cultural background, and psychosocial aspects in wellbeing. By regulating autonomy, aged care nurses make older adults make meaningful choices of their lives, thereby supporting identity and purpose.

It is also very crucial that the nurse should be able to direct and undertake changing legal requirements. Legislation changes On the enactment of the Aged Care Act and under the supervision of the Aged Care Quality and Safety Commission (ACQSC), a significant increase in the standards on clinical governance, accountability and planning of behavioural support has been raised. It is now expected that nurses should be aware of the ethical and legal implication of restrictive practice, the obligation of documentation, immediate reporting, and the concept of informed consent. They do not just obey because of procedure, but because this is the most important thing when it comes to ensuring the rights and safety of aged care recipients.

Moreover, aged care nurse is the main figure in a multidisciplinary cooperation. In liaising with the allied health professionals or consulting with family members, interactions involving the aged care assessors, the nurses serve as mediators who should help to relate the institutional systems with personal practice of care. They can help the innovation of services, manage risk, and reform at a system level by providing ground-level intelligence about developing ageing realities.

Finally, the future of the aged care across Australasia lies largely in the supporting, recognizing and increasing nursing roles. Ongoing professional learning, commitment to nursing-led innovation, and policy which focuses on the nursing point of view will play an essential role in maintaining high-quality services. As complexity, whether clinical, emotional, legal or cultural, continues to determine the rules of the game in a sector, so the aged care nurse will always lead with compassion, continuity and change. They do not only help ageing people but also defend the integrity and humanity of the whole aged care system..

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Conflicts of interest

The authors have no conflicts of interest to declare

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