



THE

LOCUM

LIFE



Caroline Kiriga

The aftermath of the Royal Commission and COVID-19 has seen nationwide shortages of management talent in aged care. As the Quality Commission ramps up its compliance program, things are getting tougher.

Enter Caroline Kiriga.

In three years with Ansell Strategic, this nurse has seen more of this country than most of us see in a lifetime. As a turnaround specialist and locum, Caroline has formed an attachment to the travelling lifestyle with a particular affection for regional Australia and the unique experiences that come with a life on the road.

Caroline has been exposed to some of the toughest compliance projects in the country, several of which have drawn national media attention. And despite the pressure, she is one of the first of the Ansell Strategic nursing team to volunteer for the next challenge.

We ask Caroline what attracts her to this lifestyle and about the drive that motivates her to improve the lives of older Australians.



What was it that led you to nursing?

I was born and raised in Kenya, and I was shocked by the inequities in healthcare at that time – only the wealthy had access to decent care. I decided to travel to Australia to study Nursing and Public Policy and Management and build the skills to eventually return to Kenya to share my knowledge and skills.

During my studies, I worked at a local nursing home and immediately fell in love with aged care. I enjoyed my practical experience in hospitals as well, but my ability to make a real difference for people was limited in an acute setting. I could see that the nurses' role in aged care was the most critical, and that this would only increase over time.

I decided to stay in Australia and got a job at ECH in Adelaide, working with Judi Coombe, who is now my boss at Ansell Strategic.

I enjoyed the leadership challenge at the early stages of my career and especially helping care workers and other novice nurses to see beyond the task to the impacts our work could have on the lives of the people in our care.

Despite my age, Judi was adamant that my passion for mentoring and consumer focus were leadership qualities. At 24, I was promoted to care manager at one of ECH's largest nursing homes.

Since joining Ansell Strategic, I've seen the emerging role of Nurse Practitioners in regional/remote Australia and the firm is sponsoring me as a candidate NP as the next stage of my nursing journey.





What do you like about your role as a Nurse Consultant and Locum?

While I loved working in a dedicated home where I got to know the residents, I have enjoyed more the opportunity to learn from so many different homes across Australia. All have been dedicated to delivering the best outcomes to residents, even those we've helped out of sanctions.

Across the country I see managers exhausted from the intensity of the work and the amount of red tape they need to work through. It's no longer the case where managers can remain for 20 years in the role – they just get too tired. Where we can provide relief in a manager role, or deal with compliance issues so they can stay focused on care delivery, we get the chance to learn new ways of doing things as well as imparting the lived experience we've picked up on the journey.

Most of all, my passion remains in mentoring young RNs. This is especially true in country areas where novice RNs, often on Visas, are placed in leadership roles out of necessity.

The best part of my job is when you have that lightbulb moment where a nurse's thinking moves from a focus on a task, to the life they are affecting. When they understand how their actions can improve the world for a vulnerable person their role as a nurse becomes infinitely more meaningful. After that, compliance with quality standards becomes second nature and much less of a burden.

To be honest, I also like the finite aspect of my work. We normally have a set time to complete a reasonably clear task and then we move on. This keeps me fresh, objective and a bit more protected from the stress which I saw when permanently attached to one home.

What has been your best experience and biggest challenge?

My best experience was working with an Indigenous group of homes in a regional location. The client had experienced huge challenges getting clinical staff to stay in a town with largely seasonal workforce. The organisation was very committed to celebrating the cultural diversity of the residents, but the workforce issues meant that a focus on clinical outcomes took the highest priority.

We were able to introduce our nurse practitioner from Perth and one of our senior RNs from the Adelaide team to keep the focus on Standard 3. I was able to focus on the remediation of the home, including the enhancement of cultural activities. To see the reaction of the Aboriginal residents to campfire activities and traditional dancing was one of the best experiences I've had.



The biggest challenge I've experienced was a turnaround for a sanctioned home that had been on the news for all the wrong reasons. The previous two advisors had not been able to get the home out of sanction and it was expected that we would be asked to close it down.

However, the home was one of the biggest employers in the town and the services were critical in a region with few homes. My experience as a care worker and aged care nurse was really important because the first task was about helping the team move beyond the cycle of blame and shame that had made it so difficult to move forward – they couldn't even wear their uniforms at the shops because of the backlash!

When I had built my rapport with the team and helped them move beyond the negativity and back to purpose, we started making steps toward a supportive culture. The path to compliance was not quick but we celebrated each step forward and the efforts were recognised and supported by the Department and the Commission.

The home returned to full compliance and, more importantly for me, the novice nurses had become confident, proud leaders who didn't need me there anymore.

What do you find difficult about your work?

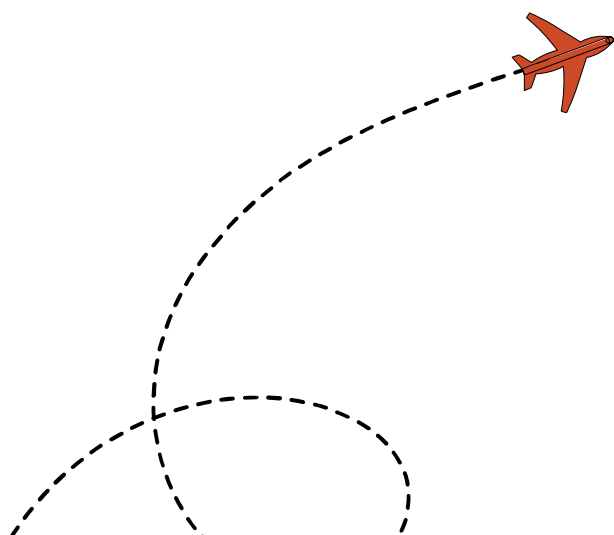


I think there can be politics and blame at the beginning of a turnaround job that I'm learning to become more patient with. There is often a level of defensiveness when a home is sanctioned and that is understandable, but sometimes it delays progress for too long.

The first few weeks after the Notice are the most critical and if we can get agreement on what needs to be fixed, the momentum normally carries the team through the remediation process much faster. I'm learning to get better at working with Boards and leadership teams but it's often necessary to leverage Judi or Cam's experience if we can't move forward.

It's also tricky to understand the nuances of the operations of every provider and each is different. It's a good challenge as I said before, because I get to see new ways of improving lives, but our team at Ansell needs to be adapting our approach to the client if we are to help bring about changes that stick.

I have found it difficult moving between States during COVID and have had to stay on site away from home longer than I'd like. I really enjoy being a part of whatever community I'm in but some of the restrictions during COVID were pretty taxing.





What sort of person does this role suit?

I think the single biggest characteristic you need is empathy – if you are not prepared to take the perspective of the care team and the resident, your influence can only be surface deep. We often start our work with a team that is feeling ashamed and embarrassed – it's not a good starting point for positive momentum. If I acknowledge that vulnerability and become part of the team, I can help bring about a solution that will remain long after I'm gone.

I also think you need to be open to learning, especially in locum roles. It's me that needs to adapt and I always see that as a learning opportunity. It never ceases to amaze me how differently organisations approach the same positive outcome for their residents. Each has a characteristic that is unique to their circumstances, and each is an opportunity for me to learn.

You also need to be okay with travel and enjoy working with new people. I am normally inspired by the generosity and passion of the people I work with but that is not always the case. You need to be able to relate to people who might be less enthusiastic.

Finally, there are times that you have to be bold. Poor culture and outdated practices don't change with just a smile and a good attitude. You need to respectfully challenge conditions that lead to poor care outcomes and that can be met with resistance. The longer I do the job, the better I get at helping people to recognize the need for change, but it takes strength of character as well diplomacy.

Further Information

Caroline is a Senior Consultant in Ansell Strategic's Operations Team.

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