Abstracts and Reports

The Age of Aging: Implications for Nursing

MURIEL SKEETS

Most of the countries of the Americas are in the midst of a demographic transition. As the infectious diseases that often lead to early mortality have been brought under control, life expectancy at birth has increased. This fact, together with a declining birth rate, has resulted in an increase in the proportion of the elderly population, defined as those over 65 years of age. The extent of this phenomenon varies among the subregions, with the elderly representing around 12% of the total population in North America (north of Mexico) compared with about 5% in Latin America and 6% in the English-speaking Caribbean (1). Nevertheless, a considerable rise in the demand for health services and the estimated cost of providing them for the burgeoning elderly population is expected Region-wide.

Among the large group of elderly people who are healthy and able to function both physically and mentally, many problems of a social, vocational, economic, and psychological nature still exist. Older persons, even those who are in relatively good health, exhibit increasing frailty and a reduced tolerance for stress at a time of life when they often experience multiple losses. The nursing professional has much to offer elderly people. Health can be maintained and disability prevented (or at least postponed) if nursing responds with a broad range of health and social services to strengthen the coping ability of the elderly and/or their caregivers.

AREAS OF NURSING’S RESPONSE TO THE NEEDS OF THE ELDERLY

It is a prime responsibility of nursing to promote the development or enhancement of self-reliance in the elderly individual, based on recognition of his or her capabilities. The elderly must be encouraged to preserve or build their capacity for self-care through attentive guidance and intervention. Nursing should enable elderly people to optimize their physical, social, and psychological function during changes in their state of health.

Physical Support

While acute illness is often present among the elderly, the predominant pattern in the Region is one of chronic illness. The development of many chronic conditions is associated with personal behavior patterns, many of which are amenable to change. While the elderly person...
may have had years of self-imposed risk from an unhealthy lifestyle, it is never too late to change and improve behaviors. Nursing can respond with health promotion activities which, if made available, may alter these lifestyle patterns and thus the course of old age.

Underreporting of symptoms by older people, who may erroneously attribute their problems to normal aging rather than disease, can hamper them from securing available treatment. To assist these individuals, nurses need to have the opportunity to provide health education and health monitoring to aid in early case-finding, prevention of disability, and health maintenance.

The nutritional status of old people in many countries of the Region is a cause of concern. Studies to identify their nutritional needs have been initiated by PAHO and the Caribbean Food and Nutrition Institute (CFNI) at the University of the West Indies. In several countries, elderly persons with dietary problems are identified, assessed, and referred by community nurses to appropriate social service personnel. Government agencies, charitable organizations, and churches frequently supply meals to elderly people in their own homes.

A large percentage of acute hospital beds in the Region are occupied by elderly patients, many of whom remain in the hospital some time after their acute condition has passed because their home situation does not allow adequate follow-up care. Frequently, information on available community services is lacking. Discharge procedures and continuation of care are specific areas that some nurses in the Region have identified as requiring urgent improvement.

Social Support

Many countries in Latin America have experienced high levels of migration of young people to urban areas to seek employment. In the Caribbean, there was mass emigration of young adult males in the 1960s and 1970s, followed later in many instances by the departure of their wives and children. These trends have compounded the problems of the elderly by leaving many of them without the traditional familial support system. Even in places where the traditional family structure still prevails, the economic situation often necessitates that all adults of working age seek employment outside the home, resulting in many elderly people either living alone, being left alone for long periods, or being admitted to institutions for lack of family attendants.

Boredom and loneliness can result when the elderly person is left to his or her own resources for a long time with no planned activities. Nurses can help combat this social isolation by encouraging and facilitating visits to clubs, social exchanges, attendance at current affairs updates, and other recreational visits. Enabling the elderly to participate in these activities will take time and effort, but the results will be rewarding to both the patient and the nurse.

One contribution that can be made by community/public health nurses is the assessment of an elderly person’s potential for work and assistance in placement—for example, in a community project. While families remain the most important providers of services for their aged members, independent income from an elderly person is conducive to the continuation of these family ties, since it enables the poor to continue to care for their elderly relative. An independent income also strengthens the position of the elder in the home, and socially useful employment gives a boost to not only economic status but morale.

To help relieve the strain on young women and others who must care for the two most vulnerable groups of people—
the very young and the very old—some communities (for example, in Peru) have established day care centers or formed organizations for mutual assistance. Working in these settings, nurses are able to make health, nutritional, and social assessments of the elderly and also to act as resource persons for their families.

Psychological Support

The elderly feel threatened in many ways: physically (they sense their power and strength dwindling), psychologically (they are aware of being relegated to a lower status in society), and emotionally (they suffer loneliness and insecurity). Often, these problems are exacerbated by the attitudes of others. Clinical experience has shown that the nurse can assuage many of these threats. However, in order to promote a feeling of usefulness and wellness in elderly people, the nurse (and others close to them) must view them as capable, useful human beings.

Caring for the elderly requires that a nurse try to understand how an elderly patient feels in order to anticipate needs and intervene accordingly. Empathic understanding is a quality essential to the effective planning of activities suited to an elderly person's needs and capabilities. In addition, caring for the elderly requires a consistent and loving concern on the part of the nurse, demonstrated through congruence of attitudes and words. Genuine regard can raise the morale of an older person and motivate him or her to perform activities that enhance feelings of self-worth. Nurses must take care to convey to elderly patients the belief that they are able to function in certain tasks, that their company is valuable, and that their opinions are respected.

Elderly people are sensitive and may suffer hurt feelings in silence. The observant and compassionate nurse will notice that something is wrong, encourage the individual to talk about it, and show understanding about the situation. Contact with nature—through plants or a pet—should be encouraged, since it can be very helpful in providing an emotional outlet for older people, especially those who live alone.

IMPLICATIONS FOR NURSING EDUCATION AND RESEARCH

To assist the elderly in self-care, the nurse must not only recognize existing needs but anticipate future needs and provide guidance that allows the elderly person to participate in meeting them. The keys to enable the nursing profession to effectively cope with the challenge of caring for the elderly lie in research to improve understanding of aging and to identify appropriate care responses, and specialized training that equips nurses with the knowledge provided by that research.

In the United States and Canada, the health care system as it has developed since World War II—essentially an institution-based system focused on acute illness and curative treatments—does not correspond well to the needs of older people suffering from chronic illnesses who wish to remain in their homes and communities as long as possible. Health professionals at all levels have received little or no training in the care of the elderly, and many do not find working with them to be rewarding. However, these same deficits have provided a stimulus for innovations in nursing practice, including the emergence of a nursing specialty, the development of the nurse practitioner role, and the design of nursing care systems for problems specific to the older population.

Nursing Education

In order to prepare nursing personnel to provide safe, competent care for el-
elderly people in a variety of settings, nursing education at the basic, postbasic, continuing, and postgraduate levels urgently needs to be reoriented toward training in human development, life stages, and self-care. Such education is essential to enable the nurse to accurately assess impairments at an early stage so that interventions can be begun.

Among the recommendations included in the International Plan of Action on Aging adopted by the United Nations General Assembly in 1982 are proposals that medical, nursing, and social work students receive training in the principles and skills relevant to gerontology, geriatrics, psychogeriatrics, and geriatric nursing, and that any persons who work with the elderly at home or in institutions should receive basic training for their tasks. These recommendations were adopted unanimously by representatives of the 124 nations that attended the United Nations World Assembly on Aging in 1982. Texts supporting these recommendations call for exchange of skills, knowledge, and experience among countries. In regions that include both developed and developing countries, the rich opportunity that exists for mutual learning and cooperation in training should be vigorously explored.

Svanborg and Williamson (2) made the following suggestions with regard to training health professionals to care for elderly people:

- that students learn the biology and physiology of aging as part of their basic biology training;
- that age-related changes in mental and social function be studied in behavioral science classes;
- that students be taught to recognize the clinical differences between normal aging and changes due to disease and be aware of the elderly's susceptibility to overtreatment;
- that training in community health emphasize the importance of preventive care and healthy lifestyle;
- that students be given the opportunity to observe older people in their own homes to see how they cope with illness and disability and to become familiar with the various ways they receive help from their families and communities.

A number of these suggestions have been acted upon by those responsible for basic nursing curricula in a number of countries and by some schools in North America, Scandinavia, and the United Kingdom. In some places, it is customary for student nurses to visit well elderly people in their homes in order to better understand aging and the aged. One of the pioneers of this practice is the School of Nursing at the University of San Francisco, which initiated such a visiting program over 20 years ago.

A WHO conference on nursing and medicosocial work in the care of the elderly, held in Cologne, Germany, in 1981, concluded that clinical training should include participation in interdisciplinary work, so that students gain a knowledge and appreciation of the roles of all health and social service workers in order to be better able to work as a team. In addition, it was recommended that postbasic and postgraduate nursing education in the care of the elderly should provide career flexibility and a cadre of nursing specialists able to practice, teach, supervise, manage, and conduct research in geriatric nursing and to act as consultants to their colleagues at all levels of the health care system (3).

Training for Gerontological Nursing

Nurses who concentrate their practice, educational activities, and research efforts on meeting the needs of the elderly
refer to themselves as gerontological nurses. The specialty first emerged in Canada and the United States of America. Gerontological nursing was given official recognition in the United States when the American Nurses Association created the Division of Geriatric Nursing Practice, which in 1976 was renamed the Division of Gerontological Nursing Practice "in order to reflect nursing's emphasis on health rather than illness" (4) and to "better reflect the all-encompassing aspects of nursing practice with older adults" (5). The Division developed standards for gerontological nursing practice and organized certification procedures for its practitioners. In Canada, the First National Conference on Gerontological Nursing, organized by small local groups of gerontological nurses, was held in 1983, and a national group was formed a year later.

Despite progress in providing education on this subject in advanced level curricula, there has been little success in incorporating gerontological nursing preparation into basic nursing education (6). Since few faculty members have advanced preparation in this subject, they are unable to present to their students the attraction, excitement, and challenge of dealing with the complex health and social needs of elderly people.

Several innovations may contribute to solving this problem. One is the Teaching Nursing Home Program in the United States. Cosponsored by the Robert Wood Johnson Foundation and the American Academy of Nursing, the goal of the project is to help nursing homes gain access to the research and educational resources of universities, and in particular those of nursing faculties. This approach encourages the involvement and commitment of health professionals and brings additional clinical skills and judgment to the nursing home population. In return, the curriculum is enriched by providing students access to actual clinical situations and enabling them to see the faculty function in the "real world" of nursing.

The establishment of long-term care teaching units in Canada has been proposed. A long-term care facility and/or community-based service that provides gerontological health care would establish a formal and collaborative relationship with a university through its faculty of health sciences (7). By creating a close relationship between agencies providing health care services to the elderly and institutions responsible for education and research, it is hoped that long-term care facilities can be brought into the mainstream of health care.

Innovative Nursing Roles

The emergence of two relatively new roles, Geriatric Nurse Practitioner (GNP) and Clinical Nurse Specialist (CNS), has had considerable impact on the nursing care of the elderly. While similar roles have emerged across all nursing specialties, they have been particularly important in gerontological nursing where personnel are in short supply and often lack specific training in the field. Although there has been some development of the nurse practitioner role in primary health care in Canada, to date the GNP is largely a United States phenomenon. Likewise, the CNS role originated in the United States but has spread to other countries, including Jamaica and Canada, in recent years.

The GNP is a registered nurse trained to be a primary care provider to older persons within a variety of settings. Training is offered at the master's level or in a postregistration certificate course. It is anticipated that, in the future, practitioner preparation will be at the baccalaureate or higher degree level.

The gerontological CNS is a practitioner who has undertaken advanced
study in nursing at the master’s level and who is involved in providing direct expert care to elderly people. In addition, many act as consultants who assist their nursing colleagues in resolving clinical problems of elderly patients, and they contribute to clinical research designed to improve patient care.

The psychogeriatric CNS is an emerging specialty in North America. They bring to the care of the elderly knowledge and skills from both the mental health and gerontological fields, allowing for comprehensive nursing services that seek to deal with emotional disturbances among the elderly, which can lead to depression, prolonged grieving, withdrawal, physical aggression, or even suicide. Consultation networks and referral systems have been established to assist institutions that lack this resource.

Maagdenberg (8) has stated that a broader range of health services can be made available and accessible if nurse-managed clinics are established in a community. Such clinics would be able to offer programs in health maintenance, disease prevention, and screening for chronic health problems. Geriatric nurse practitioners could also bring the nursing perspective to the multidisciplinary teams in home health services and institutional settings.

Nursing Research

The limited documentation relating to the elderly in the Caribbean and Latin America demands that studies be undertaken to provide policy makers and planners with relevant information about this growing population group. In the past, nurses have almost invariably been facilitators of research; now they must become initiators of research.

Nursing research can expand knowledge about the promotion of health during the full lifespan, about the care of persons with health problems and disabilities, and about ways of improving the quality of life. In addition to studies of clinical problems, research on ethical issues, relationships, emotions, attitudes, beliefs, and prejudices are likely to yield useful findings. Delegates at the 1981 WHO meeting in Cologne urged that research into geriatric nursing problems be carried out at three levels: individual, societal, and transcultural (3). They considered it important that old age should not be studied in isolation; studies whose conceptual framework was lifespan or human development would benefit all age groups.

Some countries in Europe and North America have organized nursing research workshops at the university, national nurses’ association, or other national level (such as ministry of health). In recent years, regional and international conferences on the subject have increased in number, attendance, and range of interest. Frequently, the health care of elders is a topic at workshops and conferences. It is hoped that these activities will encourage nurses to become involved in research on priority topics for which there is a dearth of information.

One such area is services research. Given finite resources, attention must be paid to studying the relative costs of various strategies to meet the present and future needs of an aging world population. To ensure that the quality of care remains high, there must be practitioners concerned with quantifying care measures and ensuring that they are maintained at a certain level. Nurses with appropriate advanced education are needed to undertake such studies.

MEETING FUTURE NEEDS

A fundamental need that nurses should increasingly help satisfy is the need for information. People require in-
formation that will help them to prevent
disease and disability in their own old age and to care for the elderly who are already dependent. As educators, nurses face the challenges posed by a low level of functional literacy among many old people and adherence to traditional ways that may not be in their best interest. It is hoped that the high acceptance of nurses by communities and the close working relationships they develop with individuals and families will enable them to become agents for positive change and stop preventable problems from developing.

The Role of National Nurses’ Associations

National nurses’ associations need to agitate for programs to equip nurses with the knowledge required to provide comprehensive care for the elderly. They must seek to be represented on councils or boards—governmental and non-governmental—so that the input of nurses will be seen in any plan of action devised to better the quality of life for elderly people.

Health care today can offer numerous and increased responsibilities to nursing, but in many countries prevailing legislation prevents its practitioners from assuming them. Legislation regulating nursing is in urgent need of amendment. This task should represent a priority for national nurses’ associations.

In a number of countries, both developed and developing, boards of governors of nursing schools and nursing councils are frequently dominated by medical membership, and some schools of nursing have physicians as their heads of staff. Throughout the world, with very few exceptions, the needs of hospitals dictate the production and preparation of nursing personnel. While the scope of medical practice is broad and flexible, the definition of “nursing practice” is limited and responds to the needs of a population structure that no longer exists. New approaches, reoriented curricula, nursing research, and appropriate manpower development can achieve nothing if educated, motivated nurses are not able to practice what they have learned and what they see is required of them by the people they serve. Only when nurses are in positions from which they are able to manage and lead their profession will they be able to assess, plan, and implement programs to help meet the needs of today’s and tomorrow’s populations.

REFERENCES