Introduction to Gerontological Nursing

Life Expectancy

- All nations are facing an aging population
  - By 2050, the U.N. estimates that the proportion of the world's population age 65 and over will more than double, from 7.6% today to 16.2%.
  - Most growth will occur in developing countries.
- The graying of America
  - The 2010 U.S. Census Bureau reports that 12.9% of Americans were age 65+
  - Men have shorter life expectancies
    - Because of greater exposure to risk factors, both occupational and vocational
  - Women will close this gender gap if they increase their risk exposures
- Life expectancy is also impacted by nationality, race, and socioeconomic status (SES).

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<th>Rank</th>
<th>Country (State/territory)</th>
<th>Life expectancy at birth (years) Overall</th>
<th>Life expectancy at birth (years) Male</th>
<th>Life expectancy at birth (years) Female</th>
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Life after 65

- In general older people are healthier than in the past
- Significant number will have chronic diseases that require assistance from family/caregivers
- The leading causes of death among elders, heart disease, cancer, and stroke
- Eighty percent of seniors report at least one chronic condition
  - Arthritis
  - Diabetes
  - Hypertension
  - Heart Disease
  - Respiratory Disorders

Myths of Aging

- Myths of Aging
  - Being old means being sick
  - “You can’t teach an old dog new tricks”
  - Health promotion is wasted on older people
  - The elderly do not pull their own weight
  - Older people have no interest in sex
    - “Dirty old man”
  - It’s too late now to change my bad habits
- Myths of aging lead to:
  - Ageism
  - Reduced healthcare services
  - Segregation of elders from mainstream society
  - Difficulty attracting the best and brightest nurses to the field
Benefits of Health Aging
- Creativity and confidence are enhanced
- Coping ability increases
- Gratitude and appreciation deepen
- Confidence increases with less reliance on the approval of others
- Self-understanding and acceptance increases

Chronic Conditions
- Seventy percent of physical decline is modifiable through
  - Smoking cessation
  - Improved nutrition
  - Physical activity
  - Prevention of injuries from falls
  - Improved use of Medicare-covered preventive services

Medicare Recommended Screenings
- Welcome to Medicare & Yearly Wellness Visit
- Fecal Occult Blood (FOB)
- Colonoscopy
- Cholesterol
- Mammogram
- Pap smear/pelvic exam
- Prostate Specific Antigen (PSA)
- Bone density
- Fasting blood glucose
- Glaucoma screenings

Medicare Recommended Screenings
- Alcohol misuse screening & counseling
- Depression screening
- Hepatitis C screening
- HIV screening
- Abdominal aortic aneurysm

Medicare Vaccines Recommendations
- Flu
- Pneumococcal
- Hepatitis B
- Shingles

Chronic Disease
- Leading chronic diseases are treatable but not curable.
- Chronic disease
  - Reduces quality of life
  - Limits activity
  - Requires assistance
  - Increases healthcare costs
  - Increases hospitalizations
  - Impacts emotional health
The Aging Process

- The aging process includes
  - Benign changes, such as graying hair and rhytides
  - Non-benign changes, such as senescence
  - Individualized aging progression
  - Modifiable changes related to lifestyle
  - Normal or universal aging processes

The Aging Process

- Normal aging includes
  - Loss of organ reserves resulting in decreased response to physiological stress
  - Variations among individuals
  - Chronologic and physiologic aging, which are not synonymous
  - Organ system changes (senescence)
    - Heart
    - Arteries
    - Lungs
    - Brain
    - Kidneys
    - Bladder
    - Body fat
    - Muscles
    - Bones
    - Sight
    - Hearing
    - Personality

Biological Aging Theories

- Programmed Theories
  - Programmed Longevity
  - Endocrine Theory
  - Immunological Theory

- Error Theories
  - Wear and Tear Theory
  - Cross-Link Theory
  - Free Radical Theory
  - Somatic DNA Damage Theory
  - Telomere Theory (not in book)
  - Emerging Biologic Theories

Psychological Aging Theories

- Jung’s Theory of Individualism
- Erikson’s Developmental Theory

Sociological Aging Theories

- Disengagement Theory
- Activity Theory
- Selectivity Theory (not in book)
- Continuity Theory

Evolution of the Study of Aging

- 1950s and 1960s disease based
- Today, holistic and health promotion focused
Responsibilities of the Gerontological Nurse

- Direct care
- Management and development of nursing personnel
- Evaluation of care and services for the older adult
- Basic knowledge and skills (Box 2-1, p:32)

Nurse’s Role in Caring for Older Adults

Registered Nurses
- Direct care providers
- Case managers
- Nurse leaders
- Educators
- Patient advocates
- Administrators

Advanced Practice Gerontological Nurses
- Primary care providers focus on
  - Health promotion
  - Disease prevention
  - Long-term management of chronic conditions

Certification Requirements at the Basic Level

- Associate, diploma, or baccalaureate degree in nursing
- Currently registered as a nurse in the United States or one of its territories
- Practiced the equivalent of 2 years full time as an RN
- Minimum of 2,000 hours of clinical practice within the past 3 years
  - Indicate certification with the initials RN-BC (board certified)

Certification at the Advanced Practice Level

- Clinical nurse specialists and nurse practitioners with Master’s degree
- DNP required by 2015 for new practitioners
- Certified as gerontological specialists
  - Indicate certification with the credentials APRN-BC (board certified) or CNS-BC

ANCC Guidelines for the Scope of Practice of the Gerontological Nurse

- Specialize in care and the health needs of older adults
  - Plan, manage, and implement healthcare to meet specialized needs of older adults
  - Evaluate effectiveness
  - Identify and use the strengths of older adults
  - Assist in maximizing independence or minimize disability
  - Achieve a peaceful death
  - Actively involve older adults and family in decision making

Gerontologic Nursing Roles in Research

- Interpret, apply, and evaluate research findings to inform and improve gerontological nursing practice
- Identify clinical problems appropriate for study
- Gather data
- Interpret findings to improve care
- Research findings to provide evidence-based nursing interventions
- Participate in research teams
- Collaborate with nursing colleagues with advanced education and research training
- Serve on an institutional review board (IRB)
Nursing Research
- U.S. federal funding for nursing research began in the 1950s.
- In 1986, the National Institute of Nursing Research (NINR) was established within the National Institutes of Health.
  - NINR’s mission is to support the science that advances the knowledge of nurses.
- In 1996, John A. Hartford Foundation Institute for the advancement of Geriatric Nursing Practice
  - http://hartfordign.org/

Evidence-Based Practice
- Best method for delivery of care
- Based on clinical guidelines derived from research (www.guidelines.gov)
  - **Classification**
    - Class I: Intervention is useful and effective
    - Class IIa: Weight of evidence/opinion is in favor of usefulness/efficacy
    - Class IIb: Usefulness/efficacy is less well established by evidence/opinion
    - Class III: Intervention is not useful/effective and may even be harmful

AHRQ
- AHCPR, now called Agency for Healthcare Research and Quality (AHRQ)
- Three-level coding system
  - A. Sufficient evidence from multiple randomized trials
  - B. Limited evidence from single randomized trial or other nonrandomized studies
  - C. Based on expert opinion, case studies, or standard of care

Key Members of the Interdisciplinary Team
- Gerontological nurses
- Social workers
- Geriatric physicians
- Other healthcare professional consultants
  - Physical therapists, occupational therapists, clinical pharmacists, psychologists, psychiatrists, podiatrists, dentists

Retirement Communities
- Range in size and scope of service
- Resident pays admission fee and then monthly fee

Adult Day Care
- An option for frail elders requiring daytime supervision
- Many services are optional to meet needs
  - Caregiver schedule
  - Healthcare for elder
  - Medical insurance does not usually cover charges unless health services are provided
### Residential Care Facilities
- Residents provide most self-care
- Additional assistance for laundry, meals, and housekeeping
- Supervision and health monitoring provided

### Transitional Care Units
- For persons who no longer require acute care
  - Subacute care
  - Rehabilitation
  - Palliative care
- Diagnostics, complex monitoring, and support services provided

### Rehabilitation Hospitals or Facilities
- Provide subacute care for persons with complex needs
- Payment covered by private insurance or Medicare

### Community Nursing Care
- Visiting nurse services for older persons requiring skilled care in the home
- Provided by personnel with a variety of skill levels
- Usually covered by Medicare when need for service exists under the direction of a physician

### Skilled Nursing Facility
- Care may be delivered by nurses and other health professionals
- Sub-acute care (Medicare reimbursed, short stay)
- Chronic care (private pay or Medicaid) for frail, elderly residents requiring help with the activities of daily living
- A 3-day qualifying stay in a hospital is required for skilled care to receive Medicare reimbursement in a long-term care facility
  - Periodic recertification that documents the continued need for skilled care
  - Resident’s progress toward established goals
  - One hundred days of skilled care can be reimbursed per year

### Minimum Data Set (MDS)
- MDS is the base of clinical information necessary to provide high-quality, long-term care.
- MDS validates
  - Need for long-term care
  - Require for reimbursement
  - Ongoing assessment of clinical problems
  - Assessment of adequacy of the current plan of care
  - Assessment of the need to alter the current plan of care
Omnibus Budget Reconciliation Act of 1987 (OBRA 87)
- OBRA 87 requires
  - Requires all residents at facilities that collect funds from Medicare or Medicaid be assessed using the MDS
  - Long-term care ombudsmen programs
  - Notifying patients about their rights
  - Limits on the use of physical restraints
  - Limits on the use of sedating psychotropic drugs to control behavior

Confidentiality
- Healthcare records and information must be kept confidential
  - Technology can enhance accessibility but can also lead to additional problems of confidentiality and privacy

Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA (Public Law 104-191, 1996)
  - Protection of health information through standards and requirements for the electronic transmission of health information (eligibility, referrals, and claims)
  - Mandatory that all patients receive written notification about how their health information will be disclosed
  - Severe sanctions and fines can result from violations

Treatment Decisions
- Treatment decisions are based on considerations of
  - Living wills
  - Healthcare proxies
  - Surrogate decision makers
  - Durable power of attorneys
  - Involved family members
  - Cognitively impaired

Patient Self-Determination Act
- Informed consent obtained before engaging in healthcare or research protocols
- Assessment of capacity for consent
- Assessment of decisional capacity

Communication Guidelines
- Nonverbal communication composes up to 80% of information exchange
  - Body language
  - Position
  - Eye contact
  - Touch
  - Tone of voice
  - Facial expression
Verbal Communication Guidelines

- Do not yell or speak too loudly to patients
  - Yelling into a hearing aid can be disturbing and painful
- Try to be at eye level
- Minimize background noise
- Touch if appropriate and acceptable
- Supplement with written instructions as needed
- Avoid complicated explanations in persons with cognitive impairment, anxiety or pain

Verbal Communication Guidelines

- Ask how the patient would like to be addressed
- Avoid demeaning terms such as sweetie, honey, or dearie
- Use open-ended statements
  - “Tell me more…” or “How does this affect you?”
- Avoid misunderstandings by clarifying
  - “I’m not sure what you mean…”
- Use caring responses and careful listening
- Encourage reminiscing

Health Promotion

- Health promotion is a “multidimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization and fulfillment of the individual.” (Pender, 2002)

Health Promotion Behaviors

- Regular physical activity
- Challenging mental activity
- Eating a healthy, balanced diet
- Eight hours of sleep a night
- At least one friend to trust and confide in
- Relaxing and pleasant activities to look forward to
- Self-discipline to enjoy pleasant things in moderation
- Trying to view things positively and have hope for the future

The Health Continuum

- Regular visits to a primary care provider
- Engaging in appropriate diagnostic and screening test as recommended
- Yearly screening of
  - Driving safety and capability
  - Elder mistreatment
  - Alcohol use
  - Falls
  - Financial problems

Health Maintenance Practices
Instruments to Psychological Function

- Geriatric depression scale
  - Pg. 217
- Mini-Cog
  - 3 minute test

Assessment of Home Environment

- Stairs
- Bathing and toileting
- Medications
- Predetermined wishes
- Nutrition and cooking
- Falls
- Smoke detectors
- Emergency numbers
- Temperature of home
- Temperature of water
- Safety of neighborhood
- Financial

Cultural Diversity

- Diversity exists in both the patient population and those that provide care
- Two goals relating to the delivery of culturally competent care:
  - Develop cultural and linguistic competence by the nurse
  - Healthcare organizations understand and respond effectively to the cultural and linguistic needs brought by both patients and caregivers to the health care experience

Healthcare Cultural Competence

- Includes awareness of
  - Prevalence, incidence, and risk factors for diseases in different ethnic groups
  - Responses to medications and other treatments that vary with ethnicity
  - Culturally held beliefs and attitudes toward illness, treatment, and the healthcare system
  - Diversity within cultural groups

Culturally Sensitive Assessments

- Culturally sensitive assessments should consider
  - Educational levels
  - Language barriers
  - Reading levels
  - Cultural background
- Instrument test scores can be culturally biased
  - Use caution in drawing conclusions

Culturally and Linguistically Appropriate Services (CLAS) Standards

- Developed by the Office of Minority Health
- Provides direction for healthcare organizations for providing culturally competent care
  - Types of cultural diversity and linguistically appropriate services to provide
  - Offers guidelines for quality index on provided services accessed by diverse populations
## CLAS

- CLAS is used by accrediting and credentialing agencies
  - To assess and compare providers
    - Culturally competent care
    - Linguistically appropriate services

## (CLAS) Standards

- The 14 standards of CLAS focus on need for
  - Respectful care
  - Demographic diversity in staff and leadership
  - Ongoing education and training on cultural and linguistic topics
  - Language assistance services (LAS) available in a timely manner and at no cost during all hours of operation
  - Written and verbal communication regarding availability of LAS
  - Competent language assistance services
  - Materials, policies, and signage provided in preferred and common languages

## (CLAS) Standards

- A written strategic plan to provide CLAS
- Ongoing agency self-assessment of adherence to CLAS standards
- Demographic patient information integrated into healthcare planning
- Maintaining current community assessments and profiles
- Maintenance of community partnerships
- Culturally and linguistically sensitive conflict and grievance resolution processes
- Making CLAS progress and innovations available for public review

## The Cultural Care Triad

- The Cultural Care triad is composed of three distinct populations
  - The nurse
  - The patient
  - The direct caregiver
- The demographics of the U.S. are changing.

## The Caregiver

- The demographic profile of professional nurses varies from the overall demographic profile of the United States.
- More African Americans and immigrants are in caregiver roles than are proportionately represented in the population.

## Generational Changes

- Generational changes in the past several decades have created cultural barriers including
  - Misunderstandings
  - Tensions
  - Conflicts
    - Among family members, co-workers, and individuals
    - Between patients and caregivers

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Nursing 339 Unit III - Introduction to Gerontologic Nursing
Ethnic Sources of Conflict

- Living within the traditional heritage
- Embracing original ethnocultural traditional heritage(s) and a North American, modern culture

Nurse Assessment

- Nurse assessment considers the client’s
  - Cultural values
  - Beliefs, and practices
  - Life trajectory

Nurse’s Role

- The nurse must serve as a
  - Bridge in the community and long-term care settings
  - Bridge between the patient and the direct caregivers who are from different cultural backgrounds
  - Role model

The Heritage Assessment Tool

- A given person identifies with traditional cultural heritage (heritage consistent)
- A person is acculturated into the dominant culture of the modern society in which he or she resides (heritage inconsistent)
- Do not make assumptions based on stereotypical thinking

Nurse Cultural Assessments

- Nurse cultural assessments should include
  - Respect of cultural differences
  - Understanding of death and dying beliefs
  - Understanding of perspectives on pain, roles, and practices of caregiving
  - Understanding of values of independence

Cultural Care

- Cultural Care requires
  - Thought and action
  - Cultural sensitivity
  - The determination of what is culturally appropriate for the individual patient
  - The development of cultural competency
Cultural Competency

- A level of awareness of what is meaningful to the patient
- Includes how and when specific questions are asked
- The establishment of trust that develops over time
- A genuine desire to understand the other’s background and life trajectory

Implementation

- The implementation process requires
  - Flexibility
  - Creativity
  - Learning from experiences
  - Knowledge to adapt interventions