

# PSYCHOSOCIAL NURSING CARE OF THE AGED

Irene Mortenson Burnside



# Psychosocial Nursing Care of the Aged

**Second Edition**

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## PSYCHOSOCIAL NURSING CARE OF THE AGED

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# Psychosocial Nursing Care of the Aged

For Dean,  
a young man  
who died among the aged

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# Preface

*Psychosocial Nursing Care of the Aged* is a collection of papers with these commonalities: (1) the emphasis is on psychosocial nursing care of the aged person, (2) all the chapters are written by nurses, and (3) the chapters are rich in clinical data. When this book was begun in 1971, my intent was to publish student work in gerontological nursing written while in a master's program. I felt that many students were doing exciting things with the aged population and receiving little recognition or reward for their pioneering efforts. I still happen to feel that way about master's level students, and this edition has been revised with that same perspective in mind, although some of the new chapters are by nurses who have been working with the aged for years.

The purpose of this book, as stated in the original preface, is to share nurses' thoughts and their experiences with the elderly client as they upgrade the psychosocial care of the aged. This book is intended for use by clinicians who are caring for aged clients in the acute hospital, extended care facility, intermediate care facility, community, or day care center. ADN students, baccalaureate students, graduate students, continuing education students, and in-service educators can use this book for supplemental

reading; it is intended as a reader, not as a textbook. Burnside's *Nursing and the Aged* (McGraw-Hill, forthcoming) has been designed as a textbook.

It should be noted that the contributing authors have a variety of backgrounds: psychiatric, medical/surgical, community health, gerontological nursing, and education. This combination of contributors was intended to give the book a wide scope.

Many of the papers came across my desk while I was teaching master's students; others were referred to me by colleagues. Two I found on a trip around the world when I met nurses in other countries. The chapter by Abarca (Chapter 3) was a result of a one-to-one relationship conducted in Spanish; all the process recordings were then translated into English. Miss Abarca was on a World Health Organization fellowship at the University of California School of Nursing at the time. Robinson's chapter (Chapter 22) on the role of a coordinator was originally a paper presented in Tasmania. Chapter 13 by Wolanin and Holloway was a very well received presentation at the International Congress of Gerontology in Tokyo.

A special effort was made not to edit out the individual style of the authors, since a clinician's style may be an influential component of therapeutic success in working with aged persons. A professor of mine once said, "Every good clinician has style."

The first edition was translated into Japanese by Dr. K. Hasegawa, and that serves to remind me of the impact gerontological nursing, as it evolves in the United States, can have in other parts of the world.

As the aged population continues to increase and as nurses assume greater responsibilities in both the physical and psychosocial care of the aged (note that these two should not be dichotomized), the need for more literature, research, and resources continues. This book only begins to cover the many facets of health care of the aged client. The reader is referred to *Nursing and the Aged* for some important subjects that are not covered here: (1) assessment, (2) group psychotherapy, (3) normal aspects of aging, (4) mental health problems in late life, and (5) gerontological nursing research. The second edition of *Nursing and the Aged* and the second edition of *Psychosocial Nursing Care of the Aged* are intended to complement one another.

Twelve new chapters on the following subjects were added to this edition: interviewing the confused aged person (Chapter 2), psychosocial assessment (Chapter 6), the high-risk aged person in the community (Chapter 7), reminiscing groups (Chapter 10), geriatric day care centers (Chapter 11), health maintenance (Chapter 12), confusion states after hip surgery (Chapter 13), implementation of standards (Chapter 18), coping with chronic disease (Chapter 19), wandering (Chapter 20), incontinence (Chapter 21), and the role of a nurse coordinator in a geriatric complex (Chapter 22).

The first part of the book is about the initial interaction with the aged person and focuses on the importance of the initial approach and of communication with the aged person.

Part 2 is devoted to the aged person who is still living at home. The importance of maintaining persons in independent living situations is still a major issue in the care of the aged client.

Care of the individual in the acute setting is fraught with complications, especially in the intensive care unit. Part 3 deals with aged persons in the acute care facility.

Part 4 is about psychosocial problems in long-term care of the elderly client. Chapters about state hospital residents have been omitted from this edition because they are now out of date. The influx of aged state hospital patients into the "community" now creates problems in geriatric care; nurses will now need to address themselves to the proliferating "geriatric ghettos."

Part 5 focuses on nursing process and the special needs of the older client, and highlights those needs so that problems such as wandering and incontinence can be better understood. This section ends with a chapter about the role one nurse designed for herself.

I am grateful to the students who shared their papers. They shared what they found to be possible in their real clinical world as they cared for and about the elderly. Evelyn Butorac handled the editorial tasks and my occasional lapses of forgetfulness. Pearl Bladek and Charm Novak were the loyal typists. I acknowledged my children in the first edition, and this second time around I would once again like to express appreciation to Mark, Tonya, and Clark for encouraging their mother/editor.

If psychosocial care of the aged is increased or improved in any way because of this book, it will have fulfilled its main purpose. If any reader becomes interested in the aged client, another goal will have been reached, because motivating nurses to work with aged persons continues to be a challenge.

*Irene Mortenson Burnside*



*Courtesy of Harvey Finkle.*

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## Part One

# Introduction and Initial Approaches

*Involvement  
with people  
is always  
a very delicate  
thing  
it requires  
real maturity  
to become  
involved  
and  
not  
get  
all  
messed up.*

Bernard Cook

### INTRODUCTION

Sometimes neophytes coming into the area of gerontological nursing are not quite certain what comprises psychosocial care. Therefore, a list of common problematic areas is included at the end of this introduction.



The communication problems that may arise in interaction with the elderly client can often be intensely frustrating for both the nurse and the client. These difficulties can prevent the formation of an informal working relationship, can prevent getting an adequate and in-depth history from the individual to make a nursing diagnosis, and can leave the nurse feeling uneasy, dissatisfied, and unsuccessful with his or her own communication patterns.

An interview has been defined as a "conversation with a purpose."<sup>\*</sup> The importance of an easy, preferably conversational, approach to working with the aged person cannot be impressed enough upon the beginning practitioner. Nurses, for the most part, usually handle the technique of gaining information through conversation quite well; Part 1 of this book is intended to help sharpen those skills.

In Chapter 1, Burnside suggests three immediate assessments to be made by the interviewer during the initial overtures with the aged client.

Interviewing an aged client may raise the interviewer's anxiety if it is a new experience; the anxiety tends to be heightened if the aged person is confused or disoriented. Therefore, Chapter 2 describes interviewing techniques which may be effective with such a client.

Abarca, in Chapter 3, reveals some of the difficulties in interaction when there are cultural as well as communication barriers.

The importance of promoting independence and maintaining old people at home through support systems and a nurse-patient relationship is sensitively described by Robinson in Chapter 4.

Chapter 5 discusses communication disorders in the rehabilitation of the aged client, and points out that the amount of communication between patient and staff member is often minimal. That comment seems as true now as it was in 1971 when Shanck first wrote it.

The focus of Part 1 is on initial interactions or longer interviews with an aged person.

## PSYCHOSOCIAL NEEDS OF THE ELDERLY<sup>†</sup>

- Acceptance as a person—maintaining personal identity
- Acceptance or rejection of illness
- Aged vs. youth and cultural value systems
- Alienation and segregation from community life
- Ambulation—restricted mobility—confinement

<sup>\*</sup>Anne F. Fenlason et al., *Essentials in Interviewing*, (rev. ed.), Harper & Row, New York, 1962, p. 2.

<sup>†</sup>Used with the permission of Donald Kristola, Social Work Consultant, Division of Professional Standards Review, Health Care Financing Administration, Department of Health, Education and Welfare, Region V, Chicago.