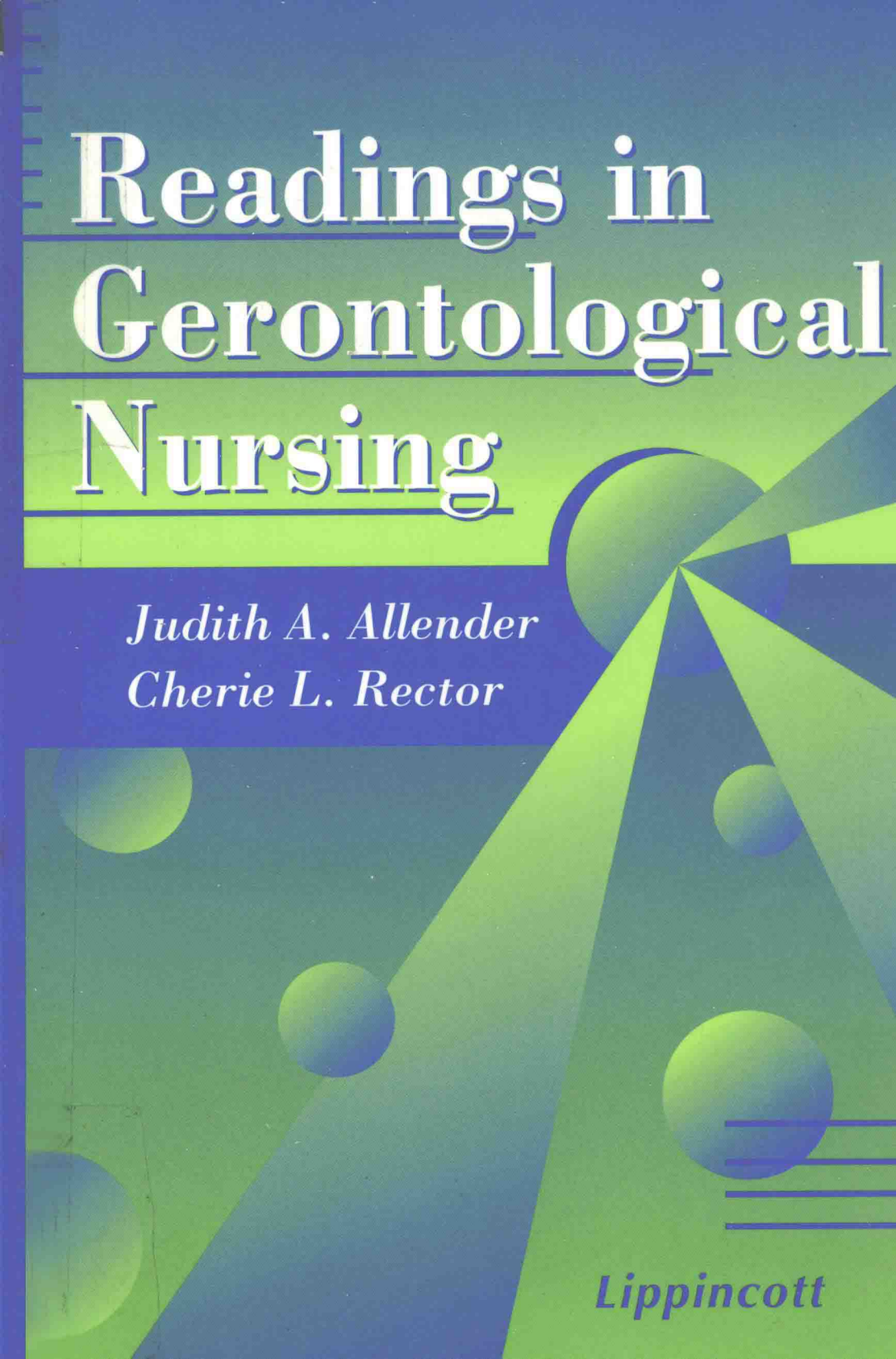


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Readings in Gerontological Nursing

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Lippincott

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To
grandmothers, especially our fondly remembered
hardy, resilient, indefatigable role models:

Elizabeth Anna Lutz (1890–1982)

Maria Schuepp (1887–1972)

and

Lula Mae Martin (1893–1983)

Myrtle Maria Beckstead Egbert (1895–1970)

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Preface

The United States has seen dramatic increases in the number and percentage of older adults. It is anticipated that this trend will continue and, within 30 years, the present large number of elderly will double. Life expectancy continues to rise, with some experts in aging professing that humans have a lifespan potential of 120 years. We presently recognize that the population over the age of 85 is the fastest growing age group in America. These demographics have significant implications for the nation, the health care delivery system, and the professionals in health care.

This anthology of readings was developed to enhance the beginning professional's understanding of elders in today's world. The choices made represent the most current and innovative developments in the field and are designed to assist the nurse in understanding the broad field of aging and what caring for elders involves.

The chapters come from over twenty different nursing and interprofessional sources, primarily from the years 1994, 1995, and 1996. One of the chapters was written in 1997 especially for this edition by experts in the field. The 52 chapters included make this text a rich resource for the undergraduate and graduate nursing student. In some courses this text can be used with beginning nursing or medical-surgical nursing texts. It could also be the primary text in a gerontological nursing course. The text can be a handy reference tool to enhance the practice of experienced nurses or nurses new to the field of gerontology. Although it is extensive it does not represent a complete look at aging. The readings selected represent the latest ideas from policy makers, innovative practice models, research methodologies, and situations unique to the aging client, family members, and caregivers. We conclude each unit with a selected bibliography useful to the reader as a supplement to the readings in the text.

Readings in Gerontological Nursing contains 8 units, each covering a major category of concern in gerontological nursing. Unit 1, *The Elders Are Coming! The Elders Are Coming! Social Policy Issues and Aging*, presents timely pieces that deliberate the future of health care and nursing practice with the elderly. Leaders in gerontology discuss trends in policy formation, financing reform affecting elders, and health care delivery for our aging population. This unit touches on ethical and moral issues surrounding care for elders, especially in the areas of Medicare, Medicaid, family financial responsibility, advance directives, and managed care. It also examines ageist beliefs and practices that lead to ineffective health care.

Unit 2, *Promoting Quality of Life and Longevity*, presents selected ap-

proaches to enhance wellness and quality of life in the elderly, including use of humor, basing teaching on the elder's life experiences, promoting sexual health, elders' perceptions of being strong and surviving, and looking at menopause holistically as a transitional phase to a healthy last third of one's life.

Unit 3, *Age Segregation, Grandparenting, and Ethnicity: Sociocultural Issues in an Aging America*, focuses on social and cultural forces that shape the roles of elders in our society. It begins with an examination of age as a segregating factor and the need for greater age integration. It goes on to examine the dynamic role of grandparents and the importance of ethnicity and cultural beliefs in the development of health behaviors. The health beliefs and behaviors of Mexican American and Chinese American elders are described, and the effect that poverty plays in access to health care.

Unit 4, *Innovative Programs in Gerontological Nursing*, explores selected programs that affect the lives of elders. Chapters on preventative nursing care and a community-based nursing center present ways to provide elder care and focus on wellness. The Omaha Information System, geriatric rehabilitation, and a cardiac rehabilitation model demonstrate organizational systems for ill elders. Older adults in long-term care have their lives enhanced by workshops for women residents and a center on ethics in long-term care.

Unit 5, *If I Live to Be 102, Will I Be Able to Tie My Shoes? Theory Development and Research With Older Adults*, presents theories on aging and the application of theoretical frameworks to problems or issues of aging, specifically the process of life review and the progression of cognitive decline in dementia patients. Qualitative research methods and validity threats are described, and current research studies that demonstrate these grounded theory and ethnographic approaches are presented. The unit ends with a quantitative evaluation research study on discharge planning.

Unit 6, *From Malnutrition to Sleep Problems: Assessing Older Adults*, emphasizes the importance of careful assessment and examination of our own thoughts and biases regarding the definition of "quality of life." Additional chapters on the assessment of nutritional status, sleep disturbances, elder abuse, adverse drug reactions, and cognitive functioning in the elderly complete this unit.

Unit 7, *Managing Elders With Selected Health Care Issues*, presents several common issues that affect the elderly and consequently influence the role of the health care professional. Selections include dealing with elders who have controlling dispositions, the depressed elder, preventing falls in the frail elderly, managing postoperative pain and congestive heart failure effectively, sundown syndrome, acquired immunodeficiency syndrome (AIDS) in the elderly, and written for this edition is a chapter on the latest research and therapeutic modalities used with Alzheimer's disease victims and their families.

Finally, Unit 8, *Older Adults and Caregivers: Changing Needs and Settings*, concludes the contributions in this text and focuses on the transitional needs of elders and their caregivers as the aging process places more demands on family systems and the human body. The chapters focus on

daughter and mother relationships and changing roles, caring for the caregiver, restraint-free care, pressure ulcer management, communicating with the confused old-old client, and the role of hospice nurses who help elders confront death.

The selection of readings flows from the broad view of aging agendas at the national level to promoting wellness and longevity and using innovative programs to enhance the lives of elders at the local level. We then share the need for developing theory and conducting research to continue to expand the knowledge base in gerontological nursing. Tools and specific health issues follow with assessment tools and managing selected health care problems. The text concludes with the changing needs of elders as they are managed in changing settings. This organization follows the broad to specific and wellness to illness approaches, making it useful in nursing programs or nursing courses that use a similar organizational structure.

We are thankful for the individuals who have contributed to the birth of this book. Their willingness to have faith in the need for this publication through their support, suggestions, assistance, and contributions have been invaluable. We especially want to thank Linda Hewett and Fen-Lei Chang for their original work; our many photo subjects—especially the late Elizabeth Schuepp, Gil Allender, John R. Van Doren, Sam Allender, Mike Raphael, Jack and Jewell Egbert, and Tobey and Kelly Wosnik; those who helped with our photographs and manuscript preparation—Zachary Couch, Paul L. Firth, A and V Custom Photo Lab in Fresno, CA., and Benjamin Rector, Darrell Lakey, and Susan Wilson.

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