

# Geriatrics

## A Study of Maturity

3rd edition



Esther Caldwell, PhD & Barbara R. Hegner, RN, MS

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by **Esther Caldwell, PhD**  
Consultant in Vocational Education (CA)

**Barbara R. Hegner, RN, MS**  
Associate Professor  
Nursing and Life Science Department  
Long Beach City College (CA)

**Angela R. Emmi, RN, MS**  
Series Editor

**DELMAR PUBLISHERS INC.**  
2 COMPUTER DRIVE, WEST - BOX 15-015  
ALBANY, NEW YORK 12212

# Preface

Health care of the aged is a specialty growing both in complexity and in need for service. Elderly people, those over 65, currently comprise more than 10 percent of our population and this number continues to grow.

The aging process is greatly influenced by socioeconomic factors and is further complicated by the increased health needs which add stress to the advanced years.

Increasing numbers of leaders in the health field, government, and industry are beginning to take more positive views about meeting the varied needs of the older person, a process that must continue if those needs are to be met.

Aging is a natural phenomenon experienced by all human beings but each individual reacts in a personal and unique way. These two factors must be taken into consideration in making the overall assessment of the needs of the individual.

*GERIATRICS: A Study of Maturity* deals with all of the aspects of natural aging and it gives special emphasis to the increasing health needs of the individual elderly person. The third edition attempts to increase the reader's awareness of the concerns of today's elderly. In particular, the edition covers the most up-to-date information about hospices, living will, and legal directives. Sexuality of the aged, a subject often left unmentioned, is now thoroughly covered. Since health care providers should be aware of all aspects which affect an elderly person's life, political and financial issues are covered too. It is the philosophy of the authors that all persons have the right to be treated with dignity and respect and to receive services and health care which will provide the optimum support for continued independent living.

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# Section I

## Progressive Development

### Unit 1 Introduction to Aging

#### OBJECTIVES

After studying this unit, the student should be able to:

- List the characteristics an individual develops as he advances from infancy to old age.
- Name the organizations which are concerned with the aging and their problems.
- Define the following terms: geriatrics, gerontology, senile, senescence, and aged.

Aging is a natural, progressive process beginning at birth. It is an inevitable, universally shared experience. Advanced age is reached only by those who have proved themselves capable of survival. Signs of aging are easily recognized in the faces and hands of the elderly.



Fig. 1-1 Hands often reveal much about the life-style of an individual.

Character and experience are etched in each, figure 1-1.

Advancing from infancy to old age, an individual accumulates a wealth of impressions, skills, and knowledge and develops a particular life-style. By the time the old age years are reached, life has fashioned a unique and very special person — a person of exceeding value and worth, with distinct characteristics and idiosyncracies, possessing human dignity and deserving respect and support.

#### LIFE SPAN

In the past two thousand years, the human life span has lengthened from twenty-two years to seventy years and more. Before 1900, children and young adults accounted for most of the deaths, the majority dying before forty-five years of age with only 24 percent living beyond sixty-five. Since then, however, great strides have been made in the control of com-

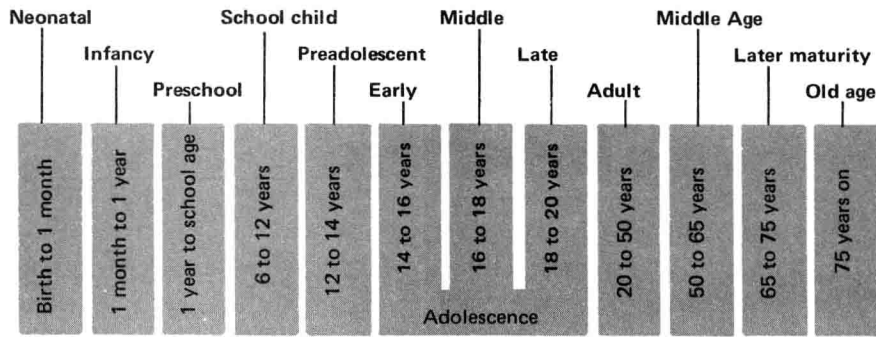


Fig. 1-2 Periods of life (From Johnston, Dorothy F.: Total Patient Care, 2nd ed., St. Louis, 1968, The C. V. Mosby Co.)

municable diseases and infant mortality and in improved child care. Today, old age has replaced youth as the time to die. Women tend to outlive men. There are now 4 women for every 3 men in the 65 year and older group.

The age of sixty-five was once arbitrarily selected as the time for the onset of old age, and then traditionally became the most common age for retirement. Aging, however, is a slow, gradual process. *Aged*, the term which means old, must be applied on a highly individual basis. Some people are old at forty-five while others are still relatively young and active at eighty.

The periods of life are pictured in figure 1-2. It can be seen from the chart that old age is now used to describe those over seventy-five. The age of later maturity begins at sixty-five. This is probably a much more realistic division since the majority of persons are relatively healthy and vigorous at that age, still actively participating in life in their society. About one-third of the sixty-five-year-old men are still in the labor force, and the civic leaders of many communities are those of advancing years. Many older people are honored as valuable, contributing members of society although on a very select basis.

The general attitude of Western society which often sees the elderly person as a source of embarrassment — someone to be tolerated, rejected, or simply ignored — is far different from the respectful attitudes of Eastern cul-

tures. Even the names chosen to speak of the aged, "senior citizen," "oldster," and "elderly" reveal this feeling. Young people call themselves teenagers with great pride but people find it very difficult to call someone "old" with the same pride.

What does being "old" really mean? To be old means a person has successfully met and survived life's challenges. It means an individual has reached a state of maturity, endowed with certain wisdom derived from firsthand experience. It means someone with a storehouse of skills and knowledge which can be of great value to society.

The twilight years, the golden years, and the sunset years are phrases used to describe the later years. Such terms make this phase of living seem like the end, not the peak years, of life. Only a very small percent of the elderly require institutional care, the majority live independently within the community.

The elderly desire and deserve to be treated with respect, acceptance, and affection. It is important that dignity be preserved and old people are provided with opportunities to continue to participate in life to the fullest extent of their capabilities so they may reach the satisfying potential of their age.

In the past thirty years, society has been taking a closer look at the elderly people in its midst. More recognition is being given to the aging process and the needs of the aged. There



are at least twenty-five million persons over sixty-five years of age today, representing 11 percent of our total population, figure 1-3. This number is growing constantly. It is estimated that at this same rate of growth, the number of those over sixty-five will reach over twenty-eight million by the year 2000. On a single day, over one thousand persons pass their sixty-fifth year. The socioeconomic implications of the statistics are enormous. The implication in terms of promoting satisfying human lives is overwhelming.

### ORGANIZATIONS AND SOCIAL LEGISLATION

Two of the earliest groups to be concerned with the aged and their problems are the American Geriatrics Society, organized in 1942, which is concerned with medical care and publishes the *Journal of the American Geriatrics Society* and the Gerontological Society, Inc., organized in 1944, which is concerned with all aspects of aging and publishes the *Journal of Gerontology*.

Apart from the Social Security Act of 1935 and general welfare programs, there was little national concern over the plight of the elderly. The first national conference on aging was called in Washington in 1950. From this initial conference, a federal committee was created, known as the Committee on Aging. This same year, the National Social Welfare Assembly, a large voluntary agency working for social reform, also formed its Committee on Aging and began immediately to work in the areas of employment and health care. One of their most valuable contributions continues to be in the dissemination of information about aging. This voluntary committee on aging evolved into an independent organization that, in 1961, became known as The National Council on Aging. The NCOA is one of the most active and diversified organizations. It offers counseling services to groups, develops programs for the elderly, and publishes important information.

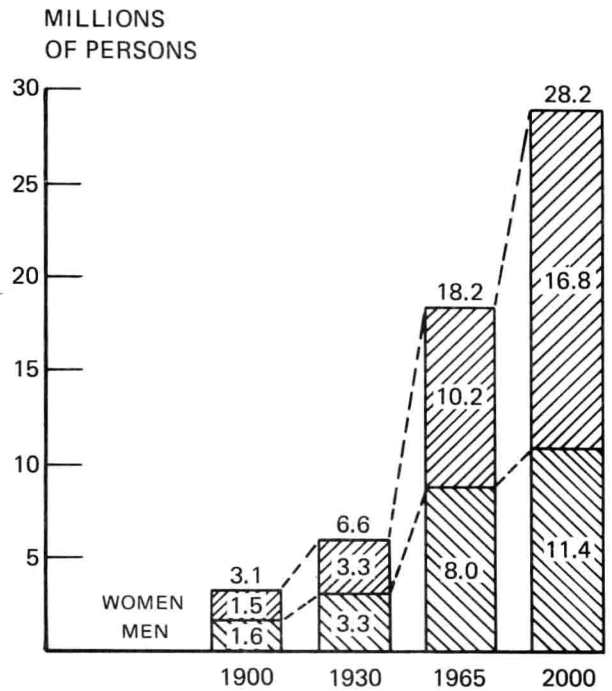


Fig. 1-3 Growth of U.S. population 65 and over

The American Medical Association organized its Committee on Aging in 1955. Other state, local, and philanthropic organizations were formed in the early 1950s in response to the need. The Senior Citizens of America was organized in 1954 and The American Society for the Aged, Inc., in 1955, both voluntary agencies. To coordinate all the efforts, The American Federal Council on Aging was created by presidential appointment in 1956.

Efforts on behalf of the elderly gained momentum after the second White House Conference on Aging that was held in 1961. Out of this conference emerged a document called the Senior Citizen's Charter or Bill of Rights, figure 1-4. Following this conference, the President's Council on Aging was established by executive order in 1962. The council conducts studies and makes direct reports to the President on matters of concern to the elderly. The American Nurses Association also established its Geriatric Nursing Section in 1962.

### THE SENIOR CITIZEN'S CHARTER

At the 1961 White House Conference on Aging, one group discussed the social and economic implication of population trends. This group also set up a statement of rights and obligations of senior citizens.

"Each of our Senior Citizens, regardless of race, color or creed, is entitled to:

"The **right** to be useful.

"The **right** to obtain employment, based on merit.

"The **right** to freedom from want in old age.

"The **right** to a fair share of the community's recreational, educational, and medical resources.

"The **right** to obtain decent housing suited to needs of later years.

"The **right** to the moral and financial support of one's family so far as is consistent with the best interest of the family.

"The **right** to live independently, as one chooses.

"The **right** to live and die with dignity.

"The **right** of access to all knowledge as available on how to improve the later years of life."

Balancing these rights are:

"The **obligation** of each citizen to prepare himself to become and resolve to remain active,

alert, capable, self-supporting and useful so long as health and circumstances permit and to plan for ultimate retirement.

"The **obligation** to learn and apply sound principles of physical and mental health.

"The **obligation** to seek and develop potential avenues of service in the years after retirement.

"The **obligation** to make available the benefits of his experience and knowledge.

"The **obligation** to endeavor to make himself adaptable to the changes added years will bring.

"The **obligation** to attempt to maintain such relationships with family, neighbors and friends as will make him a respected and valued counselor throughout his later years."

This group also said that, with health and adequate income, and freed of physical compulsions, the need to conform, compete, or seek education for utilitarian value only, older citizens can be free to adopt new roles and status and develop unusual potentials.

Fig. 1-4 The Senior Citizen's Charter is also known as the Senior Citizen's Bill of Rights. (Copyright 1965, the American Journal of Nursing Company. Reprinted from *Nursing Outlook*, November, 1964.)

The 1960s saw much legislation and many programs in behalf of the elderly develop. In 1965 Social Security Amendments brought Medicare and Medicaid into being and the Older Americans Act produced a wide variety of services and programs for the aged. The Administration on Aging was created with the signing of the Older Americans Act.

In 1967, the Administration on Aging became part of the new Social and Rehabilitation Service within the Department of Health, Education, and Welfare. Also in that same year, the President recommended new legislation to further improve programs of benefit to the aged. The recommendations were called "The Message on Older Americans." The President's message stressed that "Our goal is not merely

to prolong our citizens' lives but to enrich them." Six months later, the 1967 Amendments to the Older Americans Act was signed into law.

Today there is more close cooperation and coordination of services for the aged than ever before. The third National Conference on Aging held in 1971 revealed the true extent of effectiveness of the current programs. These findings are still influencing present legislation. National conferences will continue to be held in the future.

### TERMINOLOGY

Those who study old people and the aging process will read some terms or words that are unfamiliar. *Geriatrics* is a word of Greek origin

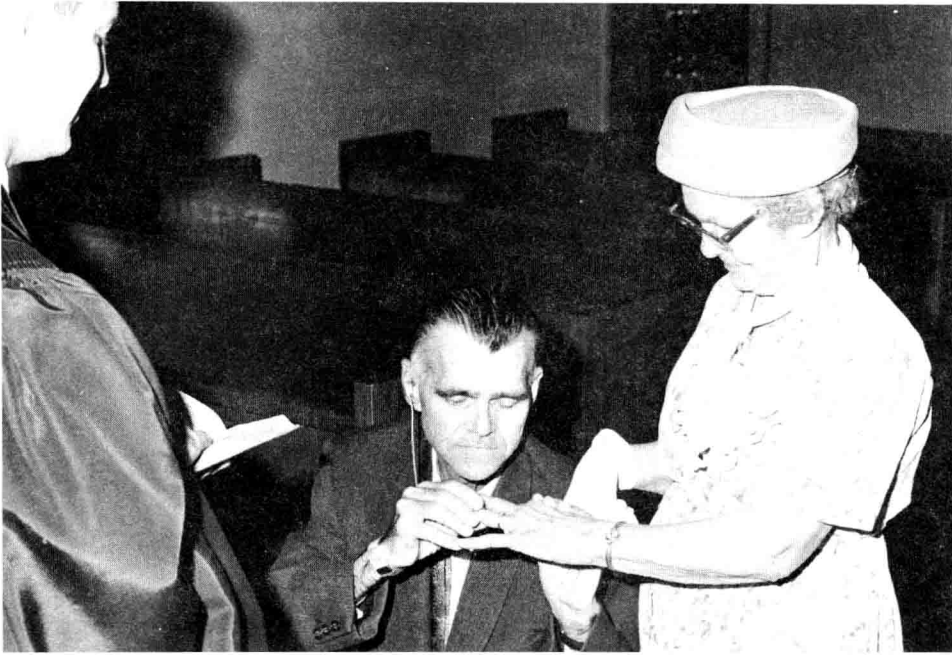


Fig. 1-5 Love is a basic human need of all ages.

which means care of the elderly. It is the branch of medicine and nursing which deals with old age and its diseases. The research into the study of the aging process itself is called *gerontology*. *Senile* is a term that has become distorted in general usage. It properly means being affected with the infirmities of age; it has popularly come to mean mental deterioration. *Senescence* also means growing old. It refers to that period in the life of an individual when the changes characteristic of age have taken place. The term *aged* means old and usually refers to those persons over seventy-five.

### NEEDS OF THE ELDERLY

The basic needs of the elderly do not differ from the basic needs of other age groups. A sense of security is essential for peace of mind at any age and the elderly are no exception. They need to share love and affection,

figure 1-5, and have adequate income, food, and shelter. Health needs are a paramount concern since four out of five elderly persons have one or more chronic conditions. Beyond this, the elderly need a sense of purpose and direction to their lives. There is no age limit on the creative portion of man's nature.

### SUMMARY

Aging is a natural process — an inevitable part of living. Those reaching advanced years do so because they have been able to adjust to life's challenges with success. The basic needs of the elderly are the same as those of all human beings. Fundamentally, they need to be treated as valued members of society. In the past two decades, organizations, dedicated to aiding the elderly, have been formed at all levels. Social legislation has been passed which is beginning to bring a measure of security to the aged in our society.

### SUGGESTED ACTIVITIES

1. With your teacher, discuss the meaning of the word "old." Have one member of the class keep a record of your responses — compare them with your feelings when you have finished your experience.
2. With classmates, try to learn of some of the people who have made major contributions to society in their later years.
3. Role play an elderly artist who is admitted to a home for the aged and a young, disrespectful aid.

### REVIEW

Complete the following statements.

1. Aging is a natural progressive process that begins \_\_\_\_\_.
2. The rate of aging \_\_\_\_\_.
3. When compared to the life span of men, women's life span is \_\_\_\_\_.
4. The Gerontological Society publishes the \_\_\_\_\_.
5. The President's Council on Aging reports on matters of concern to the elderly directly to \_\_\_\_\_.
6. Elderly people deserve to be treated with an attitude of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
7. The Committee on Aging of the National Social Welfare Assembly eventually evolved into \_\_\_\_\_.
8. The President's Message on Older Americans in 1967 stressed a goal which was \_\_\_\_\_.
9. A word of Greek origin which means care of the elderly is \_\_\_\_\_.
10. The attitude of Western societies toward aging is one of \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_.

# Unit 2 Psychological and Emotional Changes

## OBJECTIVES

After studying this unit, the student should be able to:

- Describe the circumstances which cause the elderly to lose self-esteem.
- Relate the personality traits of the elderly to the problem of adjusting emotionally to aging.
- Describe the reaction of the elderly to increased stress.

Emotional adjustments in aging are basically extensions of the adjustments the individual has made throughout his life to the many changes in his circumstances. Personality characteristics and ways of reacting to stress are developed fairly early in life. By old age, personality patterns are firmly established, though some traits may have been concealed. For example, less desirable traits such as envy, jealousy, and insecurity which might conceivably hinder the individual in social and business interactions are kept veiled in the younger years when making a good impression is socially and economically advantageous. In old age, the individual may feel that it is no longer necessary to hide these traits and, having less to lose, can more openly be himself.

As a person ages, personality traits become more pronounced. The stress produced by the circumstances and illnesses that accompany old age do not drastically alter the individual's personality, but they may disguise some traits while making others more pronounced.

Old people have the same emotional needs and require the same supports for good mental health as young people. They need to love and be loved, to feel a sense of achievement and recognition, and to have a degree of

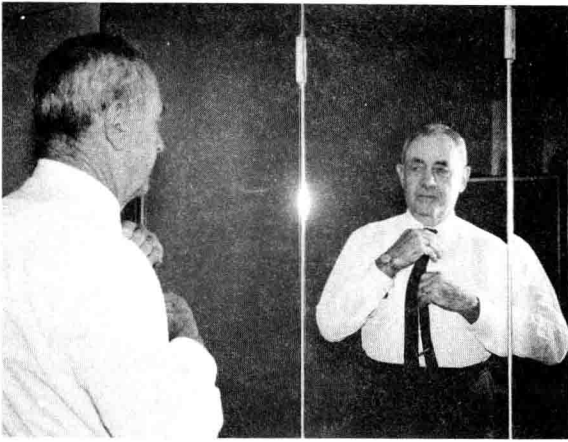
economic security. These needs are common to all human beings, regardless of age. The avenues for achieving satisfaction and gratifications of these needs, however, are narrowed greatly for older people. The opportunities for social exchange and sexual expression, major media of gratification, are greatly reduced as the years advance and are practically nonexistent for those confined to homes for the aged.

## SELF-IMAGE

It has been mentioned that the attitude of the Western world toward old people tends to relegate them to a position of lesser and lesser significance. People who are now in their own late maturity have participated in the formulation and promulgation of this attitude. It is no wonder, then, that the older these people become, the more their self-image is depreciated. They, in fact, reject themselves. They expect to be tolerated as they previously tolerated their elders.

Physical changes contribute to the loss of self-image, figure 2-1. Wrinkles, graying hair, and the need for glasses or a hearing aid are difficult to deny, although many people attempt to do just that.

Circumstances also contribute to loss of self-esteem and changes in self-image. Old age



**Fig. 2-1 Self-image alters with age.**

brings a series of losses, each influencing the way a person perceives himself and his value to society. Perhaps one of the biggest losses takes place at the time of retirement. One's work is intimately linked with one's view of the self; a person may think of the self as a watchmaker, a plumber, a nurse, or typist. When the work role is altered by retirement, a measure of one's self is lost as well. To the individual, a watchmaker, plumber, nurse, and typist all have social value. An ex-watchmaker or any ex-worker has lost equivalent social value. Retirement may bring about a substantial reduction in financial security. In a world of materialistic goals that are achieved through the expenditure of money, the older person, with appreciably less money, is denied even this source of gratification.

Physical ailments, far more common in the elderly, are superimposed upon the transformations brought about by the natural aging process. Change of body image and loss of the vigor and vitality of former years are other major losses the older person must accept — losses that further alter the self-image.

Probably, the self-image is distorted most strongly by any circumstance that causes loss of self-esteem, status, and independence. Some of these circumstances have already been mentioned, for example, elimination from the

workforce. Shifting of roles often brings about just such losses. Independence and status are affected when a person relinquishes a home to move in with a son or daughter or when a person is admitted to a home for the aged. Too often the environment of both situations fosters rather than discourages dependence and compromises the self-image to an even greater degree.

Not all elderly people undergo such a drastic change in self-image. Activities in the postretirement years can bring a real sense of achievement to some, with a strengthening of the self-image. Participation in activities of social value, such as volunteer work or other forms of community service, can strengthen an individual's self-confidence.

## ADJUSTMENT TO AGING

As old age approaches, some accommodations must be made in the attitudes or psychology of all persons. The most healthy emotional responses are philosophies that accept aging as a natural progressive step in life, attitudes that recognize the strengths of wisdom as well as the limitations of the body, and behavior that demonstrates interest in living here and now. Healthy psychologic adjustments mean a realistic appraisal of the present circumstance, building on the positive values while coming to terms with negative aspects. For example, the elderly person who loses a mate must adjust to the loss; grieving is natural and healthy. Successful psychologic adjustment is gradually made when the individual once more takes pleasure in the company of children and grandchildren (a positive value of an elderly person's life) while recognizing that memories are all that is left of the former relationship with one's spouse (realistic appraisal).

The old can best serve the young by acting as role models for them to follow in their own advanced years. Remembering the behavior of a grandmother or grandfather helps the individual adjust to the problems of aging. Younger



family members can develop similar patterns of response and behavior.

The people most likely to make successful psychologic adjustments are those who possess strong positive personalities and inner strengths. People with less stable personalities who have not developed inner strengths tend to deny the future, find no pleasure in the present, and gradually take their only comfort in the memories of the past. Not all elderly persons have the same personality characteristics nor the same way of reacting to stress, but the majority of them learned early in life the techniques of emotional survival that enabled them to reach their present advanced years. Only a very small percentage of the elderly have emotional breakdowns and require institutional care.

### **BASIC PERSONALITY TRAITS**

People continue to react and interact in the ways that they have found to be effective throughout their life, following their own basic personality patterns. Those persons who have the most difficulty adjusting emotionally to aging are those who have deep, unmet emotional needs, who all their lives have found social pressures and relationships difficult to handle. Now that they are older and their stamina is reduced, it takes less stress to produce an adverse response.

The health worker sees instances of difficult adjustment in patients cared for. Personality characteristics are not clear-cut patterns, and traits may be common to more than one pattern. Traits that may be encountered in these people include hostility, anxiety, self-punishment (masochism), defensive reactions, sensitiveness, and aggressiveness. Sometimes people express these traits overtly, as the woman who complains frequently and becomes involved in disputes with other patients, or the man who becomes hurt or angered by the most minor incident. At other times, the personality traits are expressed more subtly through such regressive behavior as incontinence, rejection of fluids, or neglect of personal hygiene.

### **SEXUALITY**

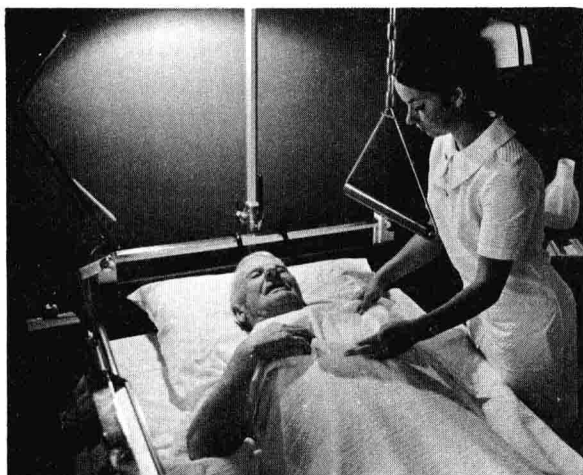
The chance for sexual expression is greatly hampered by the loss of a partner, limited opportunities, and the prevailing attitude of society that somehow views sex as the prerogative of the young. Older persons may feel unnecessarily guilty and frustrated about their sexual drives. How the older person deals with sexual needs depends in part on previous sexual adjustment throughout life. The more active and satisfying the sexual experience has been for either a man or woman the more he or she will want to continue this activity into the later years.

For those persons whose sexual interactions have been unsatisfying and even threatening, the later years offer a socially and personally acceptable reason for nonparticipation. Many older persons fear that their changed physical appearance will make them less desirable. It is also often feared that sexual performance is still valued upon speed of erection and firmness of breasts.

Women in our society are especially threatened by physical alterations since such a high value is placed on youth and beauty. On the other hand, in men, physical signs of aging, such as graying hair, may be equated with maturity and experience. In spite of social influences, sexuality and sexual expression must be accepted as a part of the total human experience if the older person is not to be forced to live in a sexual vacuum.

### **REACTION TO INCREASED STRESS**

Initially, when faced with stress, aging, or illness, people universally react with anxiety and fear. The level of emotional maturity determines the final response and behavior. It is common for an older person to experience uncertainty and panic when beginning to recognize failing capabilities. The person becomes greatly concerned about the unknown elements of the future, how needs will be met, and who will take over personal care when it can no longer be handled by the individual.



**Fig. 2-2** Sleep is often difficult when a person is anxious.

Fear is the dominant emotional response of this period. Fears are centered around the loss of independence and rejection by loved ones. Death becomes a more prominent concern and the overt behavioral pattern is one of the chronic complainer. Complaints make the present situation increasingly difficult for family or staff who are sorely tried. Fears and anxieties, accompanied by feelings of frustration, cause agitation, restlessness, and nocturnal disturbances, figure 2-2.

The frustration experienced by the elderly has much in common with the feelings of frustration experienced by teenagers. Both are emotionally torn by ambivalent feelings — the desire for the freedom of independence and the desire for the security of dependence. The dependent teenager wants independence but fears to try his wings; his elderly grandparents wish to maintain their independence but long for the security dependency offers.

### **SPECIFIC RESPONSE**

Anxiety and fears are expressed in periods of depression and withdrawal. Crying, complaints of self-pity, and whining represent ways patients are overtly responding to their anxieties and fears. Withdrawal, another common response, is shown in lack of communication,



**Fig. 2-3** Withdrawal is one way the elderly react to emotional stress.

temporary confusion, hallucinatory states, and general emotional disorientation as to time and place, figure 2-3. These reactions can be recognized in many patients and other elderly people in the community. These people need to be reassured in two ways, first, of their own ability to cope with their problems, and second, that they will not be abandoned when they are no longer able to care for themselves. When they have withdrawn from the pressures of their problems, they need help in reestablishing contact with reality and support as they grapple with the solutions to their dilemmas. These patients are expressing a deep need for love and security.

The frustration experienced by the elderly is revealed in behavioral patterns as well. Aggressive behavior such as anger, hostility, demands, and complaining are very common manifestations of frustration. Some resort to bullying families, staff, or other patients in an attempt to relieve their feelings of helplessness.

In periods of frustration, patients need to be helped to express the energies associated with their frustrations in more socially acceptable ways. At the same time, patients need help in finding solutions to their problems and adjusting to those aspects of the situation that cannot be altered.

If a positive emotional balance cannot be reached, an individual's personality will begin to disintegrate. If, on the other hand, a successful emotional adjustment is made, the individual will secure the integrity of personality and experience a sense of achievement and gratification. Self-esteem will be enhanced. Motivation and a positive self-image are essential ingredients in making a successful adjustment.

Some patients remain in a dependent role in a home for the aged because they believe this is the role the staff expects them to fulfill. They are literally afraid that any show of independence will call forth undesirable retaliation from the staff. The elderly are very sensitive to the attitude of the staff. Health workers must resist the temptation to promote dependence in their patients and be receptive to attempts at independent functioning. Supplying motivation is a primary nursing task.

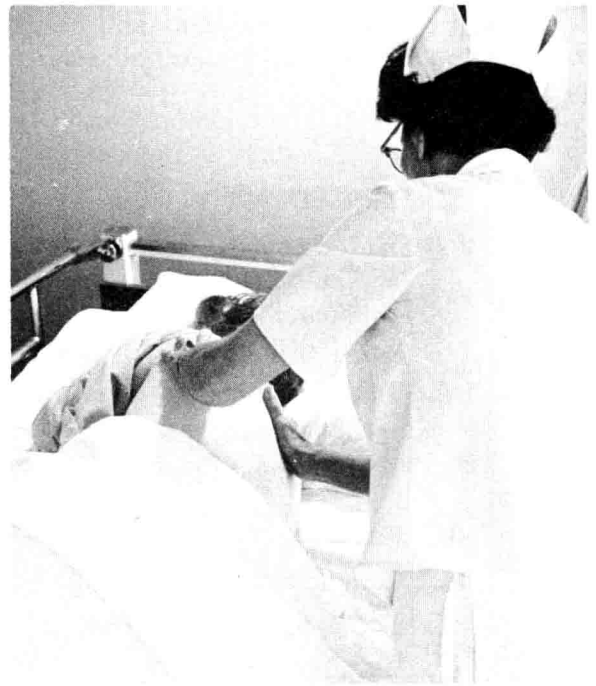
## THE HEALTH WORKER'S ROLE

The health care staff plays a vital role in the emotional adjustment of the elderly. In some instances, the staff provides the only stable relationship for patients confined to a home for the aged. It is with the health workers that patients work through their fears, anxieties, and frustrations. The staff needs to apply an understanding of the principles of basic psychology to the geriatric patients and their families.

Within the care setting, the health worker can begin to build the patient's self-esteem and security by calmly accepting the patient and the behavior and directing less desirable traits into positive channels. The health care team can also work with the family and the community to encourage their support and accep-

tance of the elderly patient. Amazing changes in behavior are brought about when a patient begins to feel that there will be no rejection and that someone really cares.

Touch is a simple method of communicating human warmth and affection to patients. Children accept physical contact as a natural part of their interpersonal relationships. As people grow older, there is less and less direct physical touching except with spouse and family. Yet the need for physical contact as a means of communication remains. So intense is this need, that patients will sometimes engage in regressive behavior, such as incontinence and physical aggression, simply to engage in or prolong physical contact with the staff. Not all patients have this need to the same degree so the nurse must be discriminating in using this approach. The hostile patient may resent any physical contact; touch contact, however, is desirable for many patients and can easily be achieved through back rubs, touching a hand, or stroking a forehead, figure 2-4. Quite often



**Fig. 2-4** Back rubs are a source of emotional as well as physical comfort.