

Current practice in gerontological nursing

Edited by
Reinhardt Quinn

Volume One

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VOLUME ONE

Current practice in gerontological nursing

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NATHANIEL N. WAGNER
1930-1978

Nathaniel N. Wagner was born on January 31, 1930, in Brooklyn, New York, obtained his Ph.D. in 1956 from Columbia University, and joined the faculty of the University of Washington in 1962, where he obtained the Distinguished Teacher Award in May of 1978.

A clinical psychologist, Nathaniel Wagner strongly believed that human suffering could be greatly alleviated via a candid effort to explore the human condition, despite social taboos. In conjunction with others, he contributed over 75 journal and book articles on minority affairs, human sexuality, aging, and cardiac rehabilitation. In his writings he sought to offer comfort and hope to the victims of hatred, prejudice, agism, and illness.

Nathaniel Wagner understood the plight and struggle of the afflicted, as he himself was afflicted by a heart attack at the age of 35, followed by two others in later years. Nevertheless, with a reverence for life, he responded by refusing to become a "cardiac cripple," and he led as full a life as possible. It is perhaps fitting that this present work on the Chicano aged, in life and death, should have been among his final contributions. His ideals live on in the many individuals he managed to touch—students, advisees, colleagues, and others.

Nathaniel N. Wagner died suddenly of coronary arrhythmias in Cleveland, Ohio, on June 14, 1978; he was a man who touched many lives.

Felipe G. Castro

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Foreword

Nurses have taken the leadership in the care of older Americans, both as community health nurses and in nursing homes, doing so under very adverse conditions. Little wonder that a small number—only 50,000 of our nearly 1 million nurses—work in nursing homes, although there are more older patients in nursing homes than there are in hospitals.

The United States has a new, growing minority group: the aged. Four percent of the population in 1900 was over 65 years of age, almost 11% was in 1976, and by the year 2030 a projected 17% to 20% will be in that age group. In fact, those people over 85 years of age are the fastest growing age group in the country. This is indeed a remarkable scientific and social achievement, but one with extensive consequences for our country.

Some effects of these demographic changes are already being experienced, especially in the health field. Few medical personnel are trained to improve the longer lives of the elderly. To work effectively with members of this minority, today's gerontological nurse must be many things, including a health practitioner, sociologist, psychologist, and politician.

Gerontological nursing is advancing despite the adverse conditions under which a good many of these nurses must often work: run-down or dangerous neighborhoods where some elderly are forced to live, scandalous conditions in some nursing homes, inadequate pay, and poor advancement opportunities. Thus, it is not surprising that a determined effort is needed to attract more qualified nurses to the field. This is especially true since the Department of Health, Education, and Welfare estimated that broadening nurses' roles, such as the increased use of nurse practitioners, will create a shortage of 220,000 American nurses by 1980.

Nurses are the medical profession's primary contact with the elderly, whether in the clinic, the private physician's office, the nursing home, or the aged person's own residence. The nurse may conduct a detailed screening before a visit with a doctor, administer needed medication, or instruct the older person in its use; or the nurse may visit the elderly at home to monitor their condition or to determine ways to improve their general health and life-style. A nurse may perform the many routine tasks involved in the daily care of a chronically ill patient in a nursing home. The knowledge, time, and understanding these professionals display greatly affects the elderly's view of medicine and its ability to improve their lives.

Nursing's commitment to the care of older Americans extends to educational programs, and specialized texts such as this one are essential educational tools in an emerging field. There are approximately 100 baccalaureate nursing programs that include the subject of geriatrics, but these are still not sufficient. Gerontological care needs to be further complemented by the teaching of geriatric medicine in American medical schools. Few such schools provide any special emphasis on the subject.

As new people enter the nursing profession, they will learn, from books on gerontological nursing, the range of career possibilities and rewards to be found in this field. Our older citizens are extremely diverse because of the many experiences they have had during their long lives. Contrary to popular belief, the elderly do not need only routine chronic care; rather, one fourth of all doctor contacts with older patients relate to acute infectious diseases. There are also special challenges for minority group nurses in caring for the elderly members of their minorities.

Current Practice in Gerontological Nursing specifically addresses the diverse needs of the geriatric patient. The state of our knowledge on the physiological changes associated with aging, pharmacology for the elderly, nutrition, psychological aspects of aging, the unique needs of minority group aged, health programs for older Americans, and legal aspects of aging is detailed by experts in each field.

The elderly have been described as a subculture of society, people brought together by a feeling that their age excludes them from the rest of the population. With training in geriatrics, our nurses may be able to change this feeling. They will gain a clearer understanding of the elderly and their special needs and, in turn, may be able to integrate these people back into the society they helped to create.

Robert N. Butler, M.D.

Director, National Institute on Aging

Preface

Today is a "new age for old age"; the sudden and dramatic increase in the number and relative proportion of elderly in our society has been referred to as a demographic revolution.¹ Now exceeding 23.5 million persons, the number of senior citizens in the United States represents more than 10% of our population. This expansion in the size of the older age group will demand from our country adaptations in regard to economic, social, and, in particular, *health* realities. For example, increasing Social Security taxes have been mandated by growing numbers of recipients. Likewise, the movement to abolish mandatory retirement, initially and most prominently supported by the Gray Panthers, will soon become law.² Stronger lobbying efforts by organized senior groups such as the Gray Panthers, the American Association of Retired Persons/National Retired Teachers' Association, and other senior citizens' coalitions are highly visible and effective aspects of today's political scene.

Most important, however, health care providers and health care delivery systems are being pressed to reorient themselves to the ever-increasing needs for providing preventive and supportive services, home health care services, treatment of chronic degenerative diseases, and improvement in long-term care facilities.³

In its attempt to respond to the needs of the elderly for comprehensive, coordinated, and continuing quality health care, including preventive and supportive ambulatory care as well as institutional care, the nursing profession has recently accepted an expanded responsibility for preparing nurses in gerontological nursing. Nursing must now meet the challenge of caring for the aged who have a wide variety of needs in diverse settings, while utilizing a sophisticated blend of knowledge and skills from the sciences of gerontology and geriatrics. New concepts of gerontology and geriatrics are being incorporated into baccalaureate and continuing education programs. Growing numbers of schools of nursing are now offering a specialty in gerontological nursing at the master's and doctoral levels.

New and more humane concepts concerning supportive care for the terminally ill are being proposed. For example, the nurse thanatologist, a gerontological nurse skilled in working with the terminally ill and their families, is a new development, as are the emerging proposals concerning pain medication for the terminally ill that will necessitate changes in narcotics laws in this country.⁴ Also new in the United States is the notion of hospice, an attitude of supportive care for terminally ill patients enabling them to live as comfortably, fully, and effectively as possible until death does occur.⁵ Clearly, gerontological nurses must become advocates for the health and mental health needs of the elderly and for the improvement and coordination of health delivery services and programs for this group. In their caring and counseling roles with patient-clients and their families, these nurses need to assume responsibility for providing information and guidance that

may lead to changes in health care habits, attitudes, and life-styles from infancy (through parental education) through adulthood, maturity, aging, and dying.

Caring for the health needs of older people requires a unique blend of multidisciplinary knowledge and skills in identifying and assessing normal and abnormal physiological, pharmacological, nutritional, and other biopsychosocial reactions in the aging individual. For example, illnesses may manifest themselves quite differently in older persons than in younger people. Gerontological health care providers must be carefully trained in the complex tasks of assessing, planning, and implementing care for older patients and in evaluating the outcome of such care.

With the increasing activity in development of curricula in gerontological nursing education, there is a pressing need for a text written primarily by gerontological nurses for nursing students and practitioners who care for the elderly. All material in this text is original and has been specifically designed and developed for this book.

The purpose of this book is to bring together material of a multidisciplinary nature that will aid the health care provider to understand in greater depth the physiological, cultural, psychosocial, pharmacological, nutritional, and other aspects of providing effective care and service for seniors, including information concerning legal issues affecting the elderly. This book will be of value to undergraduate and graduate nursing students, practitioners in gerontological health care, and practitioners in the areas of community health, psychosocial, and medical-surgical nursing. It is hoped that the resource material included will provide a broader base of understanding for students in allied health fields such as health education and social work.

Current Practice in Gerontological Nursing is divided into seven parts. Part I provides an overview of physical and mental health care for the elderly and of the politics of providing health care for the elderly in the United States.

Part II deals with the physiological bases of advancing age. The three chapters comprising Part II are devoted to the physiological, pharmacological, and nutritional aspects of aging. Chapter 3 is a comprehensive, detailed study of the physiology of bodily changes in aging and the nurse's assessment of these changes. Chapter 4, "Drugs for the Aging: Use and Abuse," discusses altered physiological absorption of drugs by the elderly, negative drug interactions, and other important aspects of drug use, abuse, and prescription methods. Nutritional needs and the effects of poor nutrition are the topics of concern in Chapter 5. The author concludes by stating, "If only one physician, nurse, or attendant recognizes that the irrational, irascible behavior of one older person may be due to nutritional factors and acts accordingly, it will have been worthwhile writing this chapter."

Part III presents four chapters that deal with the social and cultural implications of advanced maturity. These chapters focus on the historical aspects of aging in four diverse cultures: black, Chicano, American Indian, and Anglo. Customs and rituals concerning chronic care, illness, death, and burial practices in the above cultures can, in many instances, be compared and contrasted in these unique chapters.

The chapters in Part IV are devoted to the psychosocial needs of the aged. In Chapter 10, Rosemary Murray addresses psychosocial aspects of aging from a more general orientation; the following two chapters focus on more specific topics. For example, in Chapter 11, Nancy Fugate Woods explores some of the pertinent research findings regarding sexual potential among aging persons, the need for such expression, and the barriers, social, rather than biological, instituted by our society. Paulette Robischon and Alice M.

Akan (Chapter 12) perceptively discuss, and illustrate with a case vignette, the role of the family with an elderly parent.

Part V is entitled "Action and Service for the Elderly: Nursing Education and Agency Collaboration." The emerging network concerning agency collaboration in health care planning and service for the elderly is the topic addressed by Edward O. Moe, a nationally prominent health care planner and sociologist. In Chapter 14, Thelma J. Wells discusses activity on the educational front in gerontological nursing. Charlotte Eliopoulos describes the specific role and functioning of the gerontological nurse specialist in Chapter 15.

Part VI, "Understanding the Law and the Nurse's Role as Health Advocate with the Elderly," contains two chapters unique for a gerontological nursing text. In Chapter 16, "The Law and the Elderly," Jack L. Tedrow focuses his writing on pertinent and specific legal information that can be of great value to gerontological nurses in their counseling and supportive roles with elderly clients and their families. Dorothy V. Moses, a pioneering gerontological nurse, discusses in Chapter 17 the timely issue of advocacy for and with the elderly. A psychiatric nurse who has devoted 20 years or more to working with the aged, she issues a challenge to nurses to function as health advocates.

In Part VII, "Looking to the Future," a prominent national authority in gerontological nursing and health care for the elderly anticipates future directions in this field. A physician long active and involved in improved health care delivery for the elderly, Paul A. L. Haber, presents a discursive overview regarding future trends and issues in the field of gerontology. This paper points to the problems of aging and expansion of the care-giving role. This role offers much promise for nursing.

We wish to express our appreciation to Dr. Robert N. Butler, Director, National Institute on Aging, for his support of this project from its inception and particularly for his support of nursing, medical, and all professional and paraprofessional health care providers who work patiently and supportively with the elderly. As editors of a multiauthored text, we are in debt to each author who has generously provided his or her concepts, ideas, insights, and experiences concerning health care issues for the elderly. All of them are recognized leaders in the areas of gerontological and geriatric care.

We also owe thanks to our teachers—the elderly patients and clients we have served in care and counseling roles. In addition, a personal note of appreciation goes to L. L. C., whose encouragement and support have been of immeasurable assistance in the task of completing this manuscript. Finally, we sincerely hope that nurses and other practitioners serving the aged may profit from the concepts and insights expressed by our contributors and, indeed, may "catch attitudes" of humane caring, warmth, and acceptance of the elderly. May they strive to become competent and effective health care providers for and with the elderly. In due course, we shall all join that growing group.

Adina M. Reinhardt
Mildred D. Quinn

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part I

HEALTH CARE FOR THE ELDERLY: AN OVERVIEW

The first two chapters of this book provide an overview and discussion of the current concerns, issues, and politics related to health care and mental health care for the elderly in this country.

In Chapter 1, the authors have described the problems associated with the economic, physical, and social changes that occur during the later years of life. The article points out the relationship between the changes in society (historical changes) and the economic circumstances that affect the elderly. The pros and cons of the Social Security Act and a brief discussion of mandatory retirement are included. A number of issues and challenges for health care providers are described and documented in this chapter.

Four key issues that are identified, along with some recommendations for desirable social action, include the following. First, the loss of a productive role and the associated economic deprivation as a result of heretofore mandatory retirement at age 65 years, combined with inflationary pressures, is discussed. Second, such economic deprivation frequently results in a perception of lessened self-worth, a contributory factor to mental and physical health problems. The third issue is the need for education of nurses and physicians and associated health care providers in geriatrics and gerontology in order that they may be made more aware of the multiple problems that are unique to this age group.

The fourth issue concerns the need for a more humanistic approach in caring for the terminally ill. Frequently, the dying patient elicits a response of frustration from both physicians and nurses as they are unable to effect a cure or alter the sequence of events made final by death. The terminally ill also produce a response of acute awareness of one's own mortality in those involved in providing care. The normal response engendered by this stress is one of avoidance, if possible. The concept of hospice is an attitude of supportive care for the terminally ill to effect a better quality of remaining life and to assist the patient and family in coping with the problems associated with the terminal illness, including their own acceptance of the inevitable event of death.

The politics of providing health and mental health care for the elderly is dealt with comprehensively by Dr. E. Percil Stanford in Chapter 2. Dr. Stanford points out that there currently exist adequate federal, state, and local legislation, authorities, and programs to ensure better health for older persons. However, Dr. Stanford implies that there is some question as to whether the federal financing mechanisms could be more effectively implemented at the various levels of government. A national focal point for implementing a sound program to monitor and enhance the quality of care for the elderly is needed. A number of additional issues and implied challenges for health care providers are described and documented in this comprehensive article.

Gerontological nursing students and practitioners can gain greater awareness of the political issues surrounding the delivery of health and mental health care for the aged by close scrutiny of the wealth of information contained in this chapter.

