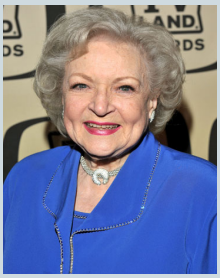
Introduction to Gerontological Nursing



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 US 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).

Rank	Country (State/ territory)	Life expectancy at birth (years) Overall	Life expectancy at birth (years) Male	Life expectancy at birth (years) Female
1	Japan	84	80	87
2	Spain	83	80	85.1
3	Switzerland	83	81	85
4	Italy	83	80	85
5	Australia	83	80	85
34	United States	79	76	81

United Nations 2005-2010

Rank	Country (State/ territory)	**Life expectancy** at birth (years) Overall	**Life expectancy** at birth (years) Male	**Life expectancy** at birth (years) Female
190	Angola	51	50	52
190	Central African Republic	51	50	52
192	Chad	51	50	52
193	Lesotho	50	49	52
194	Sierra Leone	46	45	46

United Nations 2005-2010

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

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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

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Medicare Recommended Screenings

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

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Medicare Vaccines Recommendations

- Flu
- Pneumococcal
- Hepatitis B
- Shingles

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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
    - Hearing
    - Bladder
    - Body fat
    - Muscles
    - Bones
    - Sight
    - 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

Health Maintenance Practices

- 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

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

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