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Trends in Gerontology Nursing

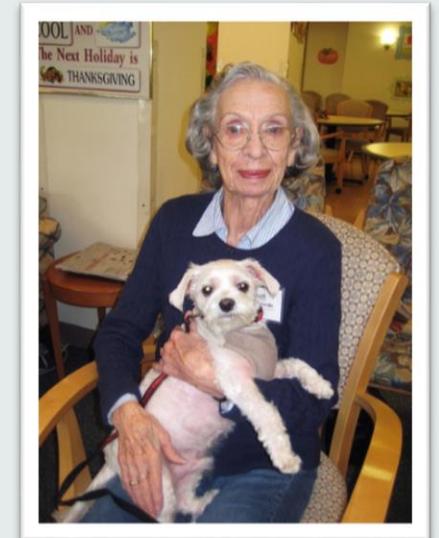
Choosing our path with wisdom

Prepared for the Canadian Mennonite Health Assembly, October 2014

Trends ... *from whose perspective?*

About me:

- **Professor of Nursing**
- **Clinical focus: family practice and gerontology**
- **Research focus: gerontology and nursing education**



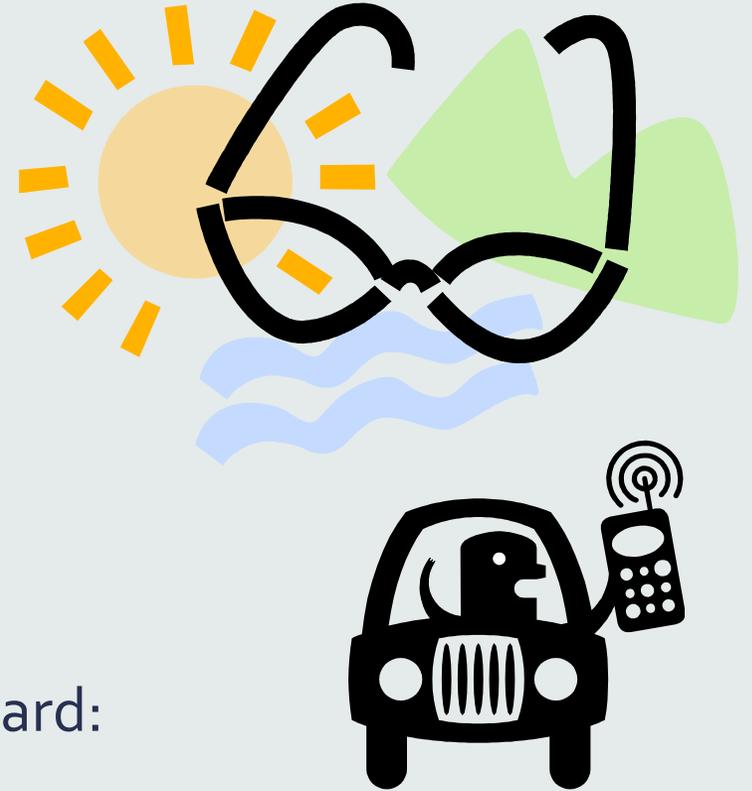
Two societal drivers acting globally

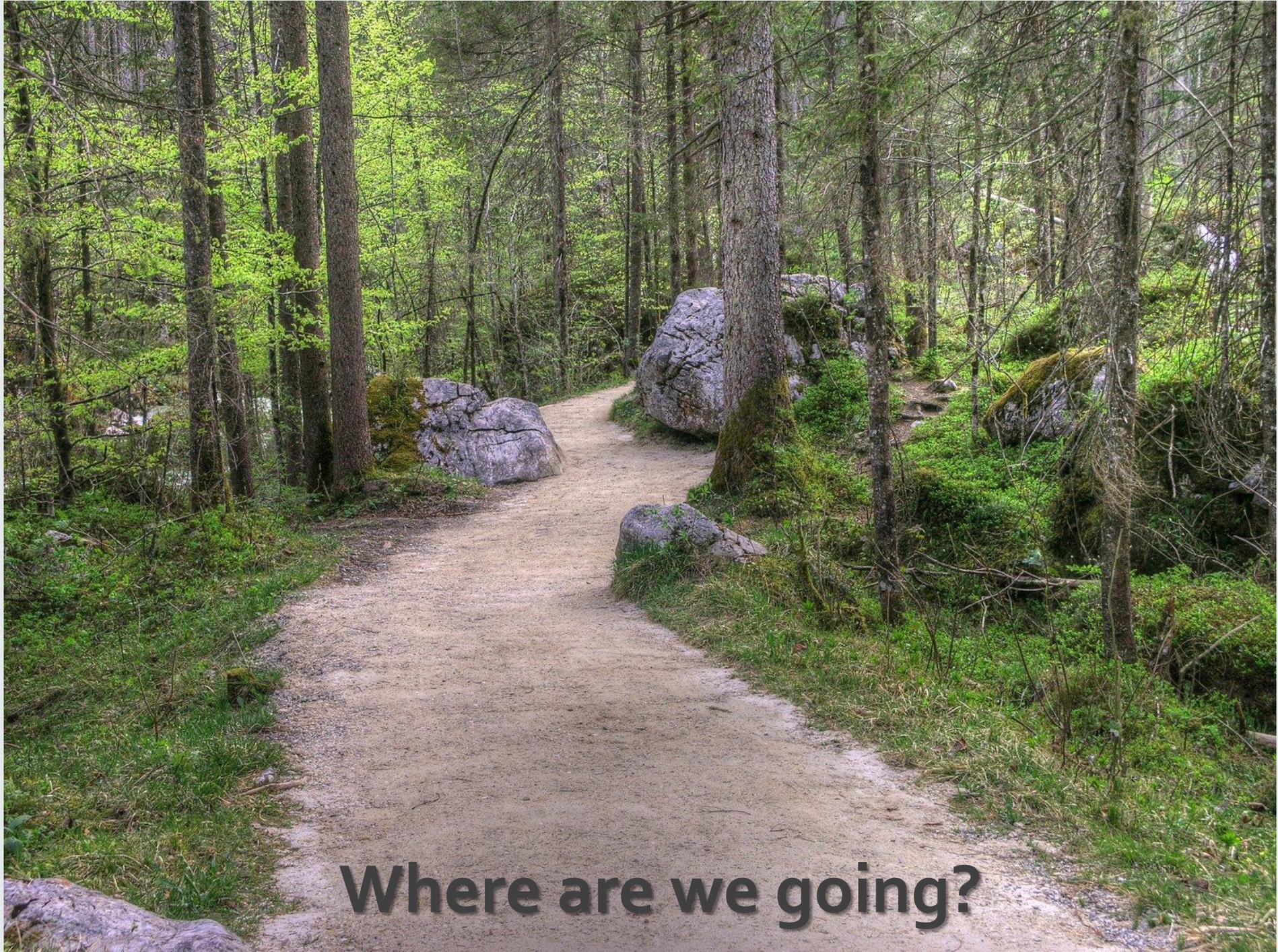
- Systemic ageism
- Family structural dynamics

- Both these 'drivers' affect care by causing a movement toward:
 1. Relational breakdown
 2. Communication guarding

→ My assumption:

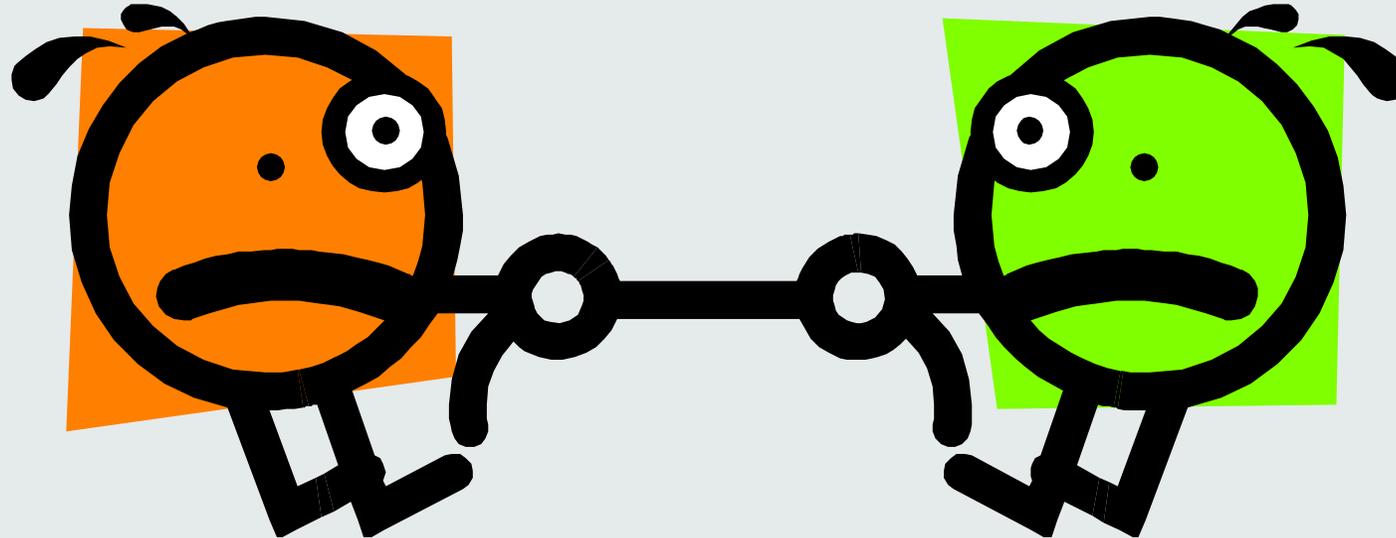
these drivers and movements underscore much of the tensions in care that we experience





Where are we going?

Five Trends and underlying tensions ...



This is a Mandate of Care!

This is a Mandate of Care!

1. Standardizing Care

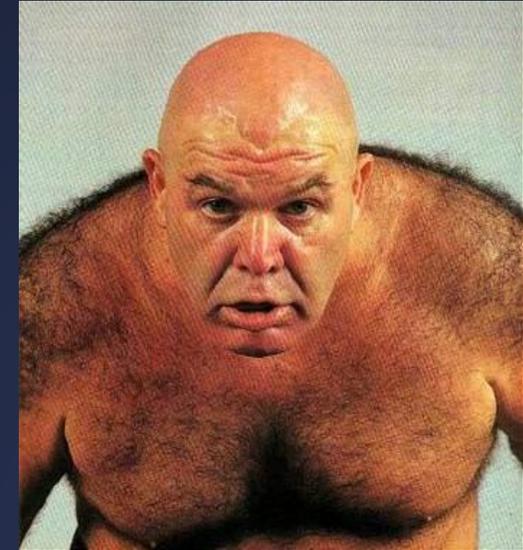
- Evidence-based nursing promotes 'best practice' in gerontological nursing
- EBN has delivered many, many good things:
 - Change in many 'go to' practices, such as restraint use
 - Movement toward better pain management
 - Effort at more justice and fair practices—all residents receiving the same standard of care
 - Better measures of outcomes to evaluate quality of care

"... an increasing emphasis on standardization as a means of reducing unwanted variability in outcomes, the generalization of quality improvement concepts ... [leading to] a changing emphasis in the criteria for determining health care quality"

Gibson and Bol, Top Geriatr Rehabil 2001;16(3):56–65

Evidence-based Nursing and Gerontology

- Hartford Institute for Geriatric Nursing <http://www.hartfordign.org/>
- Hartford's consult site for tools and continuing education for older adult nurses (basic and advanced practice) <http://consultgerirn.org>
- Geriatric pain management <http://www.geriatricpain.org>
- Canadian Association of Gerontological Nursing (CGNA) <http://www.cgna.net>
- Journals, continuing education workshops, CNA certification, other
- Specialized curriculum in undergrad and graduate nursing education

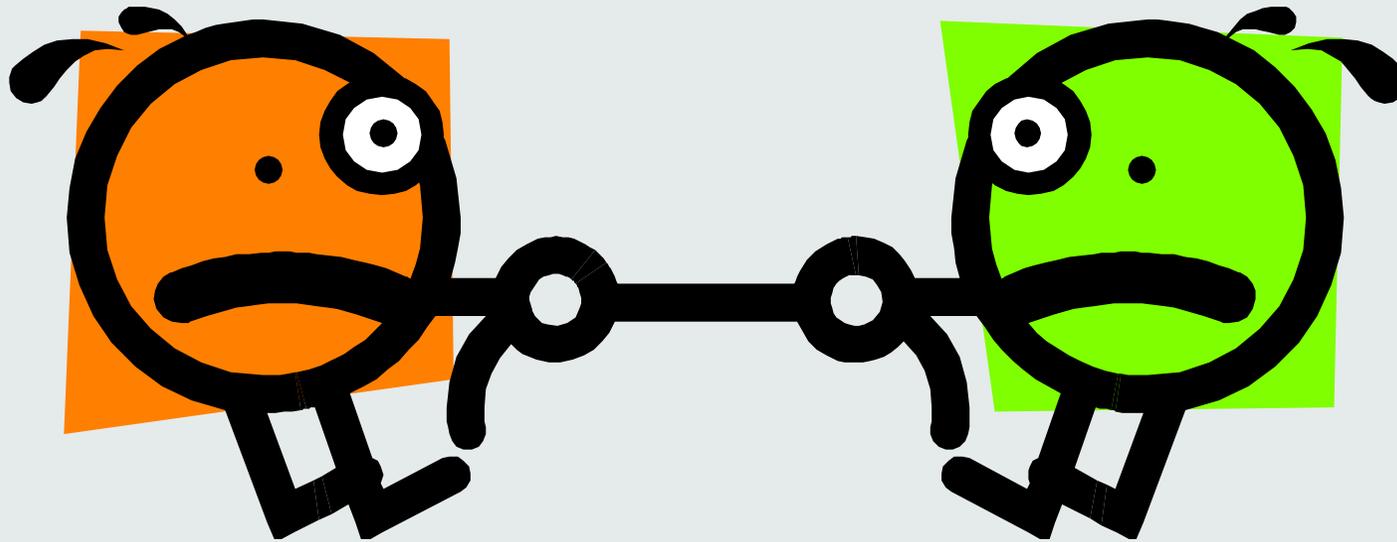


What about me?

*Where does 'person-centered'
care fit into the picture?*

So where's the tension here? ...

- Standardized Care (policy/protocol care) and Resident-based (individualized) Care... two tensions in practice



Standardized Care promotes QI Outcomes!

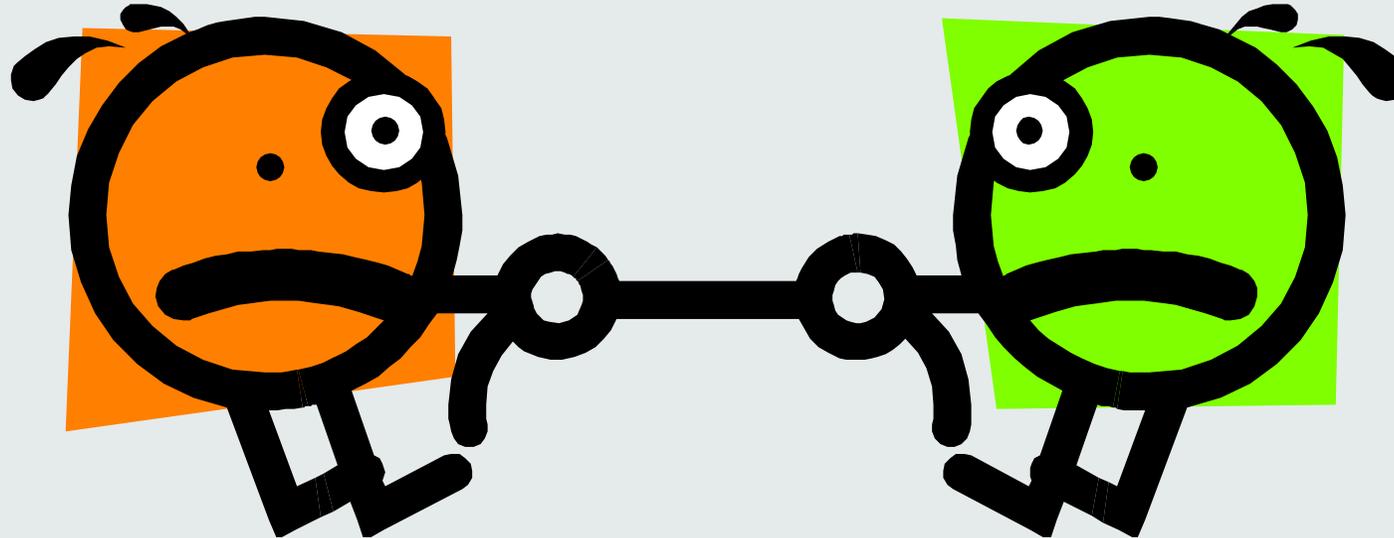
Resident-Centered Care promotes Respectful Care!

2. Palliative Care in residential care

- Increasing trend to provide 'aging in place' through the end of life
 - Problems
 - Delayed response by pharmaceutical research for pain and anti-anxiety medications that are safe and effective for older adults
 - Staffing mix in residential care and the complexity of palliative care
 - When do we 'start' palliative care??
 - Palliative Approach as a trending answer to provide threads of care throughout the chronic disease journey
 - <http://www.hpcintegration.ca/media/23816/TWF-palliative-approach-report-English-final.pdf>
 - Positives
 - Provides a compassionate response honoring the person and the family

So where's the tension here? ...

- Palliative Care and medically assisted 'death with dignity'... two tensions in care philosophy



Palliative Care Honors Life!

'Death with Dignity' Honors Choice!

Medically assisted 'death with dignity' tensions

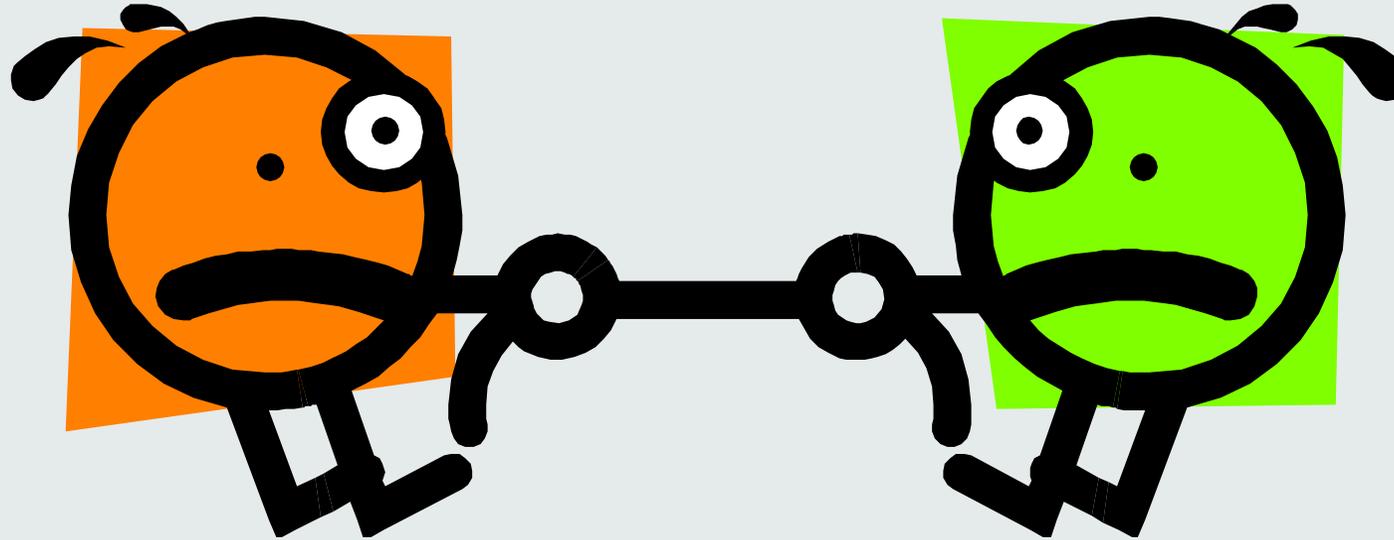
- Individual autonomy and choice
 - Consider interacting gradient pressures, including:
 - Financial (limited resources)
 - Social (family and community messaging)
 - Knowledge, resources, and options (agency resources, state of the science, professional ethics and personal values of individual health care professionals)
 - Personal/patient and family (values, 'gut' responses)
 - beliefs about life and purpose/meaning
 - level of understanding of options
 - 'protective' stances based on assumptions and emotions
 - Where am I (patient) currently situated on the gradient of belief/hope/meaning?
- ⇒ *Questions: Whose voice will ultimately be heard? Whose choice will actually be honored?*

3. Shifting Paradigms of Practice

- **Practicing from a 'functional loss' perspective**
 - 'functional loss' perspective was a movement from a pathology perspective of aging
 - Pathology perspective: aging seen as pathology
 - Functional loss perspective: aging seen as a continual loss of function (physical, social)
 - Old age is seen as frailty
- **Practicing from a 'positive aging' (or 'successful aging') perspective**
 - Aging is viewed simply as a developmental stage
 - Older adults may or may not be 'frail'
 - Older adults may or may not experience functional loss
 - Most functional loss and 'frailty' is associated with pathology

So where's the tension here? ...

- Aging as 'disease' and loss, or Aging as a developmental stage that can be successfully negotiated ...



Inoculate me against aging!

Positive aging is a success story!

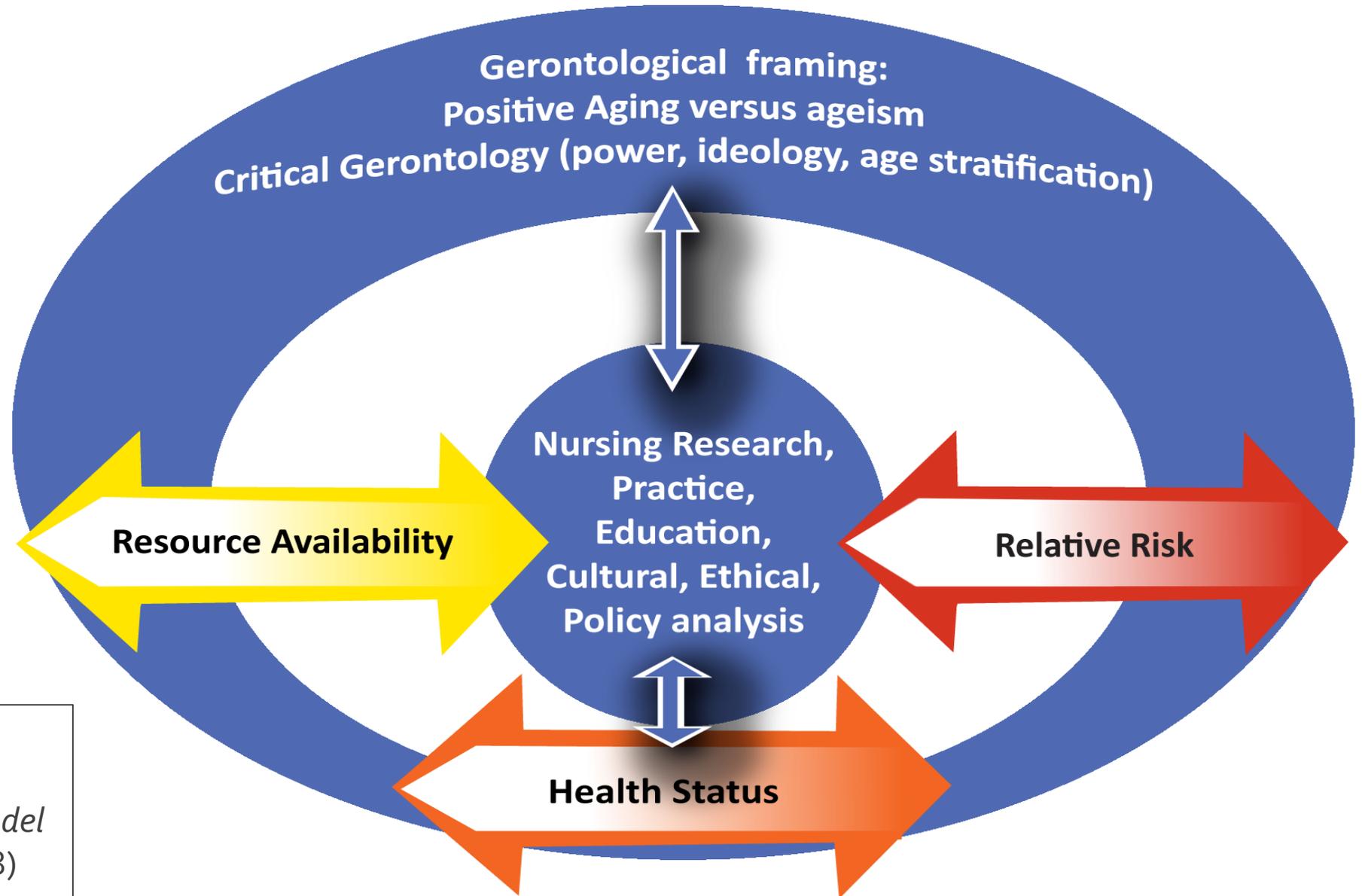
***Critical gerontology** is a subset of critical social theory and is concerned with the power dynamics, overt and subvert ideology, and age stratification that impacts policy affecting the older adult populations and the overall social constructs of aging that defines the dominant culture's response to older adults and aging (Baars, Dannefer, Phillipson, & Walker, 2006).*

*A polemic within **critical gerontology** toward the dominant culture is **ageism** versus a **positive aging** perspective (Minichiello & Coulson, 2005). **Ageism** can be manifest as bias or marginalization, and thus can be overt or subvert. **Ageism** is generally understood to be systemic and institutionalized, thus the focus is on systems, policies, and social constructs such as the anti-aging movement, rather than individual attitudes and behavior.*

***Positive aging** is a perspective that embraces aging as a developmental stage, not as pathology that manifests in functional decline. A **positive aging** perspective sees value in health promotion policy and practice directed toward older adults (Haber, 2003).*

Critical Gerontology and Positive Aging

The Adapted Vulnerable Population's Conceptual Model (AVPCM) for elders



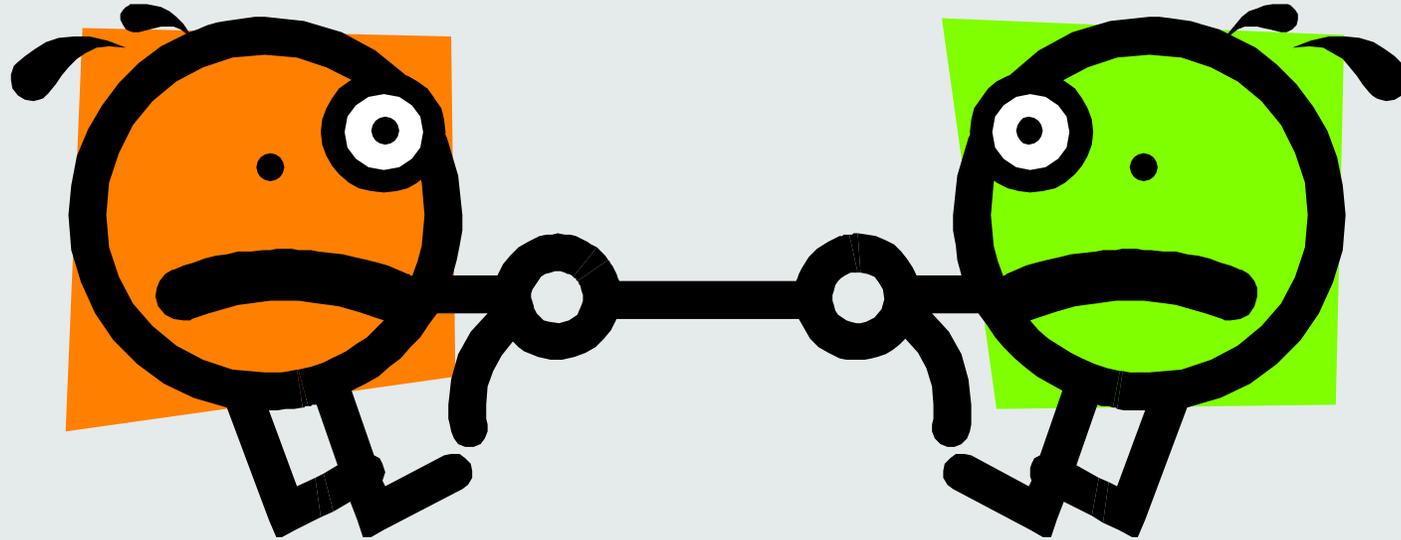
Adapted from Flaskerud & Winslow *Vulnerable Population's Conceptual Model* (Flaskerud & Winslow, 1998)

4. Chronic disease management

- Aging population (nationally, globally) plus increase in chronic disease management equals more adults living longer with chronic disease
 - Increased complexity in all areas of care, including residential care
 - Residential care experiences comorbidity and end-stage illness
- Special populations of chronic disease:
 - HIV
 - Mental illness
 - Genetic and congenital conditions requiring specialized care or prevention (including fetal alcohol syndrome, autism, developmental delay)
- RNs and other care givers in Residential care now must be prepared to provide Medical and Palliative care
 - staffing issues; in particular there are few new RNs choosing gerontology nursing as a career

So where's the tension here? ...

- Gerontology nurses' work is becoming more and more complex, yet the myth still exists that gerontology nursing is not a good career option for a new RN ...



You will lose your 'skills' if you become a gerontology nurse!

Gerontology nursing needs you!

Ageism and RNs choosing Gerontology careers

- RNs choosing gerontology nursing as a career still lagging
- Ordinelli and others in the nursing literature point to systemic ageism within the nursing curriculum and generally in society as promoting this ongoing trend
- Ordinelli (2008) states that nurses, who are mandated to respond to injustice, must work toward changing the social construction of aging, which includes raising the profile of gerontology within nursing education. She suggests that **“educators should recognize the potential value of nurse experts in helping create curricula based on best practice guidelines and clinical excellence,”** and that **“academic institutions should be building relationships with extended care facilities in their community”** (2000, p 10).

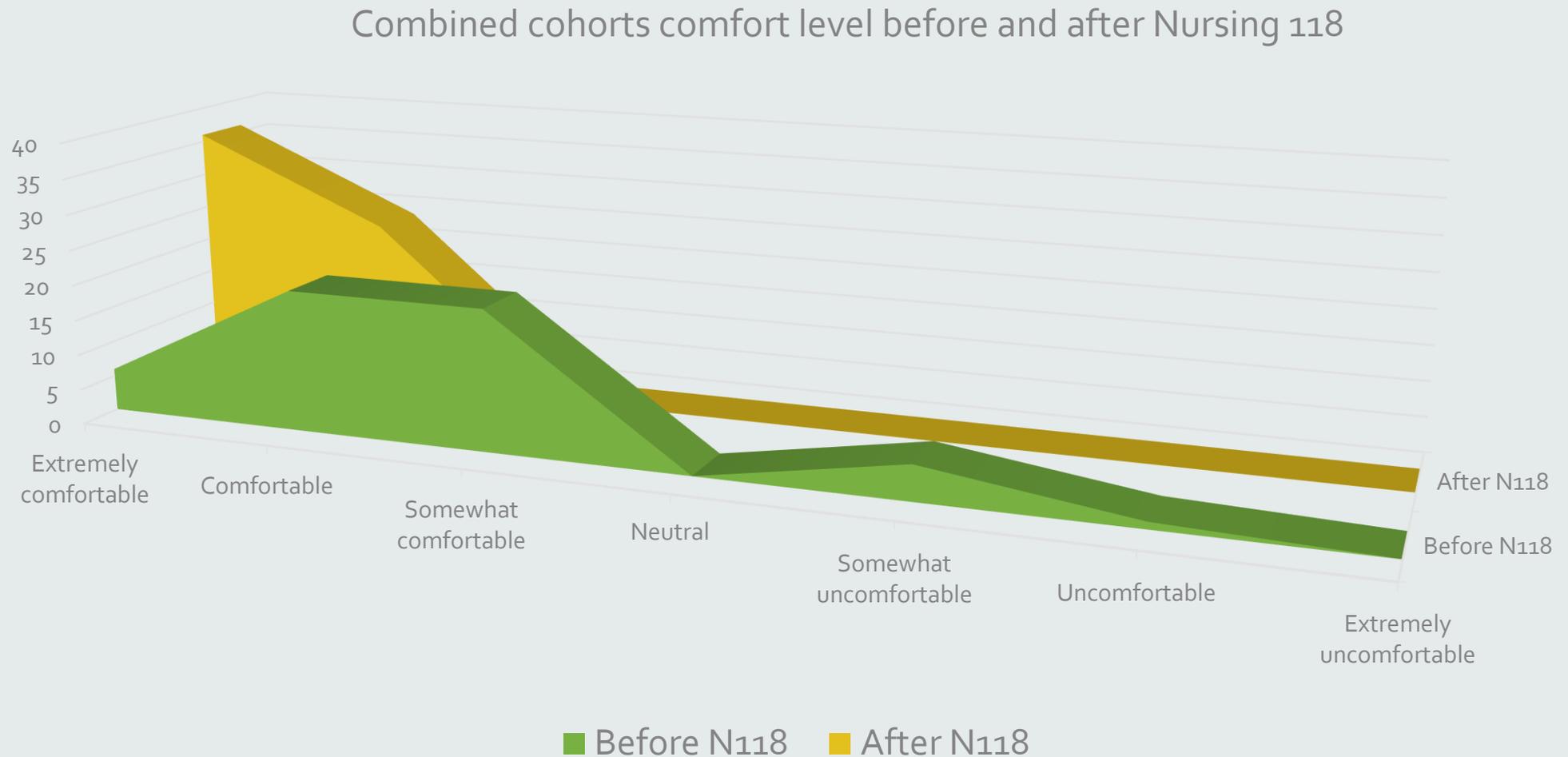
Ageism Project at TWU in the SON

- Institutional, or systemic ageism has been implicated throughout the nursing literature as having a direct impact in influencing new graduates in nursing away from choosing a career in gerontology nursing.
- A postulate in the literature is that a dedicated gerontology nursing course in the nursing curriculum, taught from the perspective of positive aging, and a positive first clinical experience with older adults may reverse this trend.
- In spring term of 2012, Trinity Western University School of Nursing rolled out a newly designed Nursing 118 course, taught from a critical gerontology framework. It piloted a short community nursing experience with health older adults alongside a residential care practicum. It also included a term-long assignment: a myCourses forum 'Ageism Alert' that students posted in throughout the term.
- In spring of 2013 the second cohort of first year nursing students progressed through Nursing 118. This second cohort utilized the same critical gerontology framework but had an extended community nursing experience alongside the residential care practicum. The 'Ageism Alert' assignment continued throughout the term.
- This study will be replicated in spring of 2015

The 'Ageism Alert' Forum Assignment

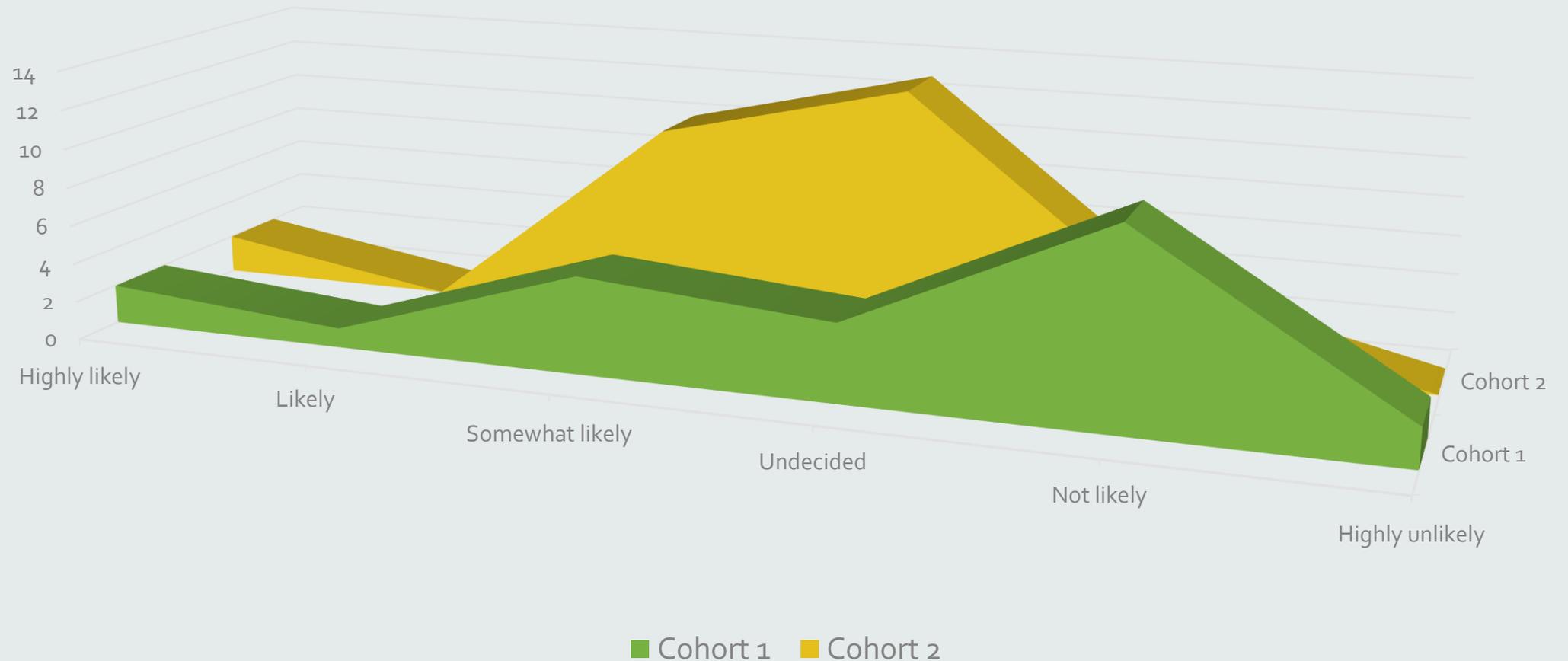
- Students were asked to post a minimum of once a month in the class forum during the term (minimum of three posts).
- The first post was to read be a short essay defining systemic ageism and describing a situation that is an example of systemic ageism.
- Throughout the semester, students were asked to keep a look out for systemic ageism in media, policies, programs, products, architectural design, social services, city planning, within nursing, healthcare, education, or in any other part of life. The students were to post a minimum of once a month (two more posts) reporting on their findings, including giving a rationale for why they believed this was an example of systemic ageism.
- The Ageism Alert forum assignment was self-evaluated rather than graded by the instructor.
- In addition to the Ageism Alert forum, students posted two different short essays on positive ageing and what this looked like within chronic illness.
- Student participants were recruited after they had completed Nursing 118.

2. & 3. *Before and After* Nursing 118, rate your 'comfort level' of communication with and being around older adults ...



Would you consider a gerontology nursing career?

5. Based on experience and perceptions to date, what are the chances that you would consider choosing gerontology nursing sometime in your nursing career?



Summary of study findings

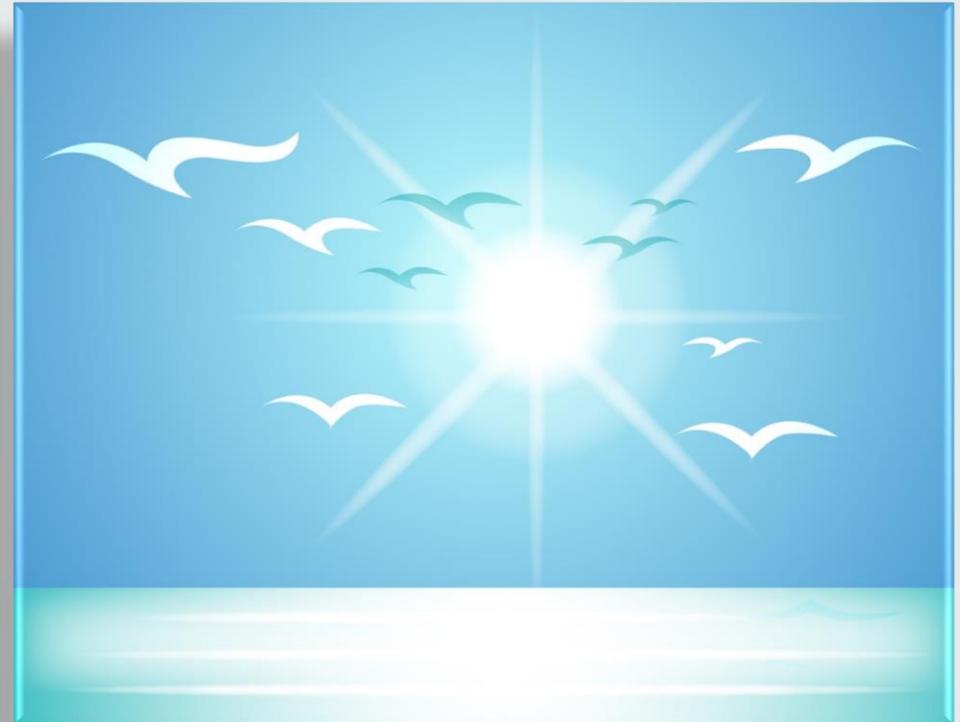
- Ageism and positive ageing are described throughout this study as antitheses.
- The top three concepts students discussed in regard to ageism were:
 1. Media as reflecting and promoting systemic ageism
 2. Myths of ageing reinforcing stereotypes of older adults
 3. Societal valuing of young over old (people, products, policies/programs)
- The top three concepts students discussed in regard to positive ageing were:
 1. The necessity for individual-to-individual communication and person-centered care
 2. The importance of meaning and purpose for positive ageing to be actualized
 3. The vital need for nurses as truth tellers and advocates and communicators to practice from an understanding that positive aging is possible for everyone

Gerontology Nursing Implications

- The need for increased gerontology nurses and for other nurses with increased understanding of gerontological nursing is well established
- To encourage students to consider a career choice in gerontology nursing, four strategies are noted in the nursing literature:
 1. Rich gerontological curriculum
 2. Faculty experts and champions of gerontology nursing
 3. Positive clinical experiences in gerontological nursing that includes healthy older adults
 4. Mature students (later placement of a gerontological practicum in the program)
- This study explored student nurses' views of ageism and positive ageing following a curriculum change in the BSN program of Trinity Western University that introduced a dedicated gerontology nursing course taught from a critical gerontology framework. Early findings of attitude changes toward gerontology nursing as a potential career choice demonstrated a shift toward the positive from the first to second cohort, possibly as a result of increased clinical time with healthy adults.

There is beauty in every stage of life. This is the message that needs to be shared in society today. Being a child is beautiful. Being a youth is beautiful. Being an adult is beautiful. Being an older adult is every bit as beautiful.

... first year nursing student study participant



5. Technology and connection

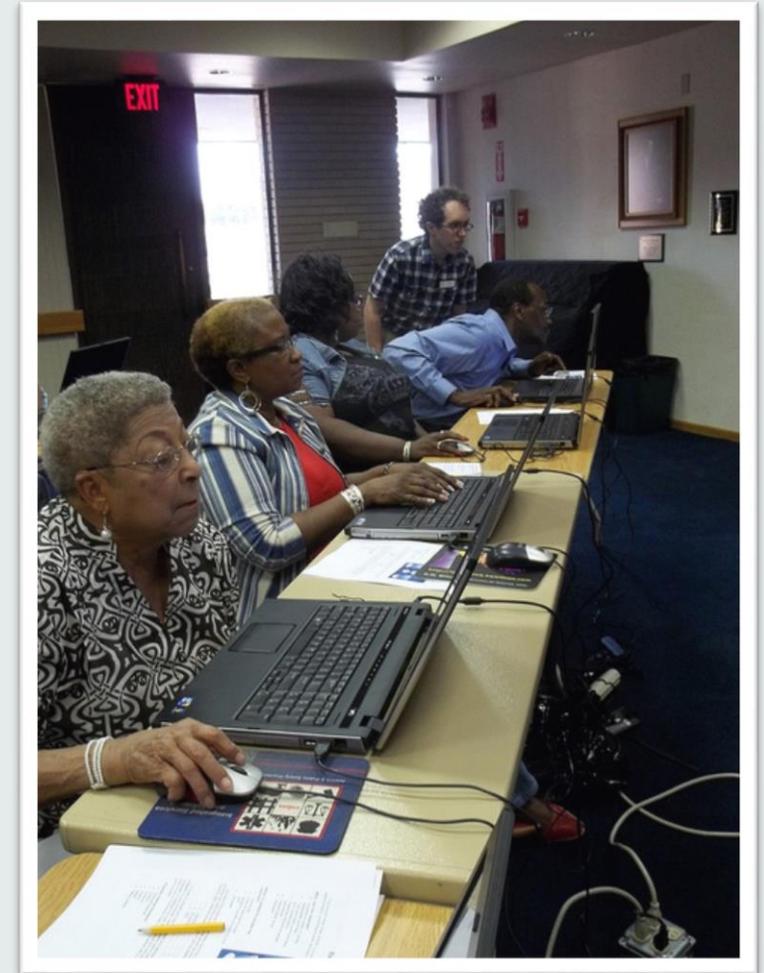
- According to Skiba (2012) (basing her figures on the Pew Internet Project, 2012):
- Rapid technology and internet adoption from 2000 to 2012 – 80% increase in adult use of technology to communicate (social media, email, smart phone use, texting)
- Age, education and income are the strongest positive predictors of internet use
- Comparing 2000 and 2011 results (similar trajectories for cell phones and texting):

Age group	Ages 30-49	Ages 50-64	Ages 65 +
Internet use in 2000	57 %	41%	12%
Internet use in 2011	87%	74%	41%

- That means: 4 out of 10 seniors over the age of 65, and 7 out of 10 'boomers' use the internet ... imagine what this will look like in another five to ten years!

Social media use by age group over time

Age group	Ages 30-49	Ages 50-64	Ages 65 +
Social media use as of January 2014	82 %	65%	49%



- <http://www.pewinternet.org/data-trend/social-media/social-media-use-by-age-group/>

Resetting the generations toward connection

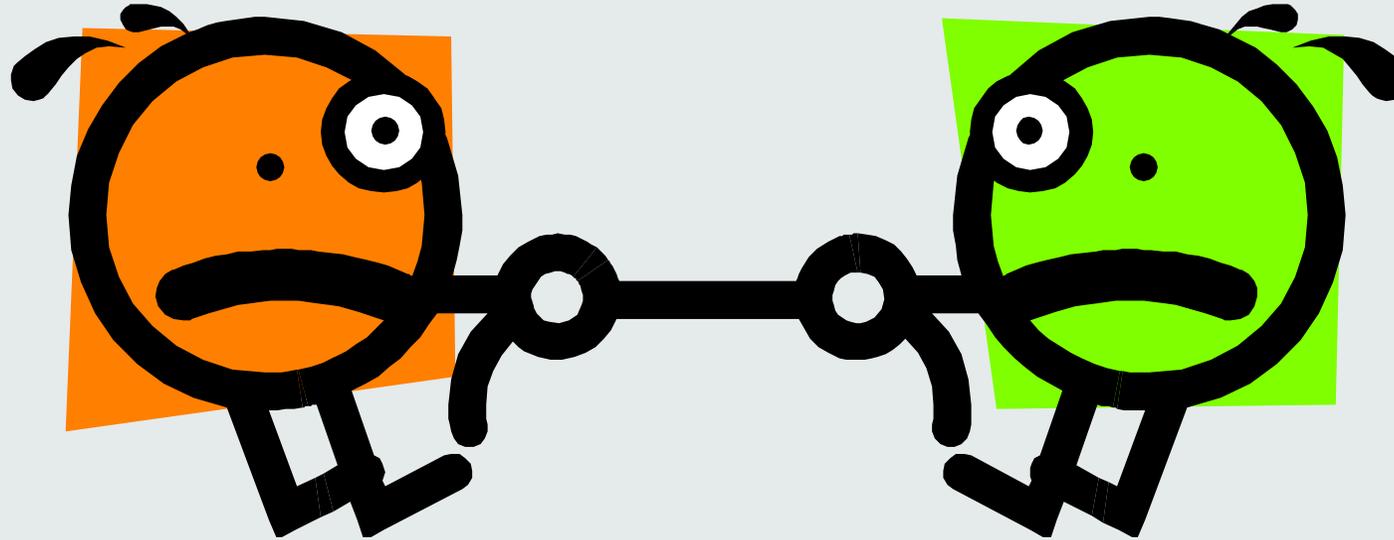
The late Henri Nouwen, in his book, *Aging, the Fulfillment of Life*, writes, “The elderly are our prophets, they remind us that what we see so clearly in them is a process in which we all share” (Nouwen & Gaffney, 1976, p. 16). The metaphor of ‘prophet’ can conjure the image of a wild-eyed foretelling of disaster or doom. However, in scriptural tradition, the prophet’s message can be stirring, futuristic, ironic, descriptive, visioning, transformational, triumphant, frightening, or farsighted; but, like life, it is never one-dimensional. Neither is the experience of aging.

Nouwen speaks about the danger of speaking on behalf of elders; of interpreting voice and increasing the social consciousness of the needs of frail elderly, rather than listening to the voices of elders themselves, hearing both the bitter and the sweet. Nouwen suggests that listening to the voices of elders acts to “reset the generations toward connection” (p. 16).

Technology can provide a means to voice and connection ... it’s a good trend!

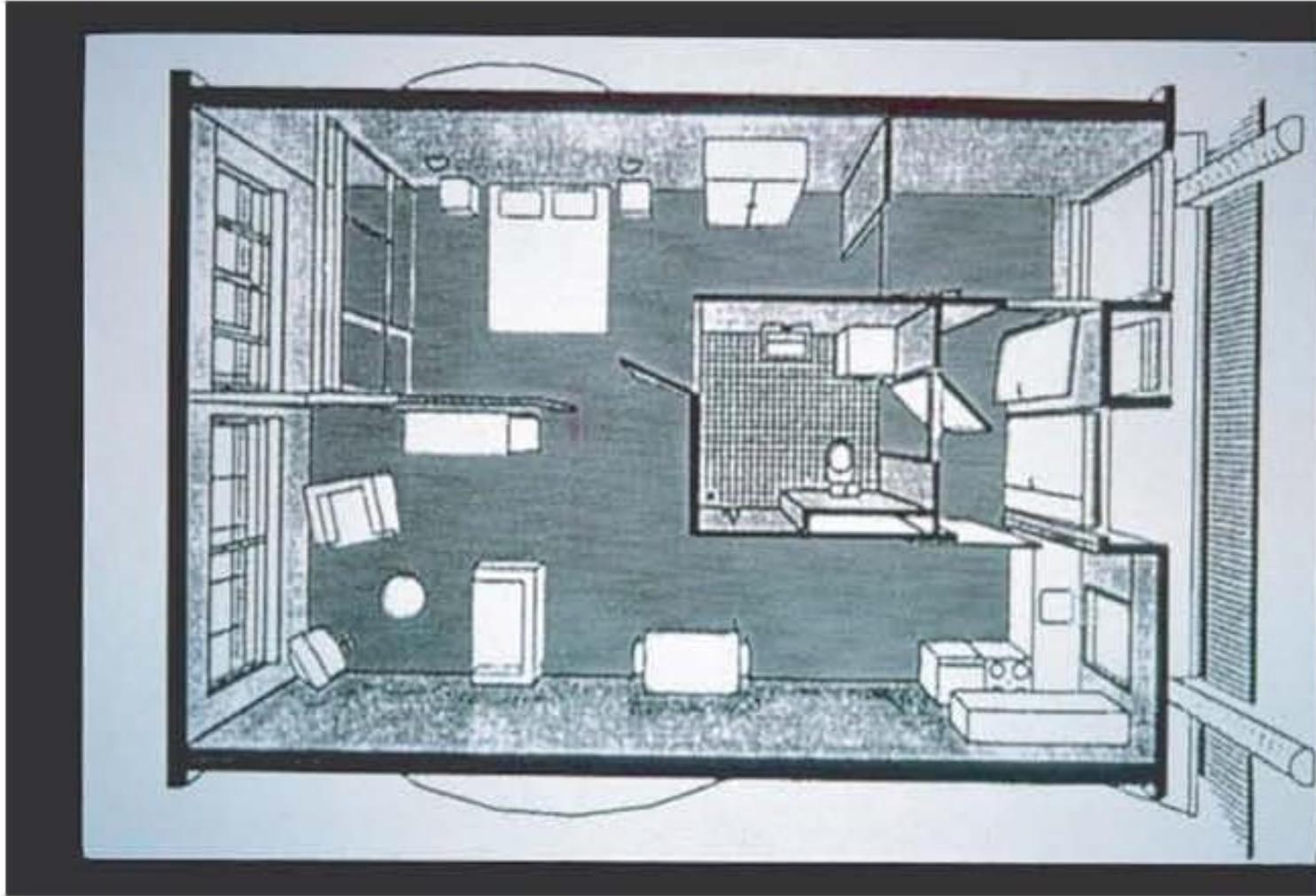
So where's the tension here? ...

- Technology and cost ... resource allocation issues ... social pressure to invest in Acute Care and 'hard' health areas before upstream health promotion and wellbeing



Technology costs!

**Computers and social media
promote voice, agency, connection!**



Dreams and
visions ...

*Visioning change ... the
residence of the future!*

Regnier, V., & Denton, A. (2009). Ten new and emerging trends in residential group living environments. *NeuroRehabilitation* 25(), 169-188.

Ten new and emerging trends in residential living ...

Regnier, V., & Denton, A. (2009). Ten new and emerging trends in residential group living environments. *NeuroRehabilitation* 25(), 169-188.

- 1. Small scale cluster connected to a larger scale service provision system**
 - Typically involves separate units surrounding a kitchen, dining and living space, small activity alcove and protected outdoor space
- 2. Non-institutionalized appearance of interior and exterior design features**
 - Artwork reflecting life and nature and family
 - Common display area incites conversation
- 3. Focus on visual and physical access to outdoor spaces**
 - Atrium areas with seating, as well as circular pathway gardens
 - Natural light
- 4. The activity of daily living approach and life skill recall areas**
 - Interactive areas of 'town, farm, home, and office' replicas
- 5. Involving family and friends (intergenerational)**
- 6. Movement and use patterns (circular pathways and garden areas)**
- 7. Design of dwelling units that includes interactive 'chores' promoting connection and altruism**
 - For example stations for helping with gardening, kitchen
- 8. Apartments for Life (AFL) for aging in place and chronic disease stages 'friendly' (including end-of-life care)**
 - Moveable walls and living supports around a central bathroom
- 9. Home care support (independent to assisted to residential-type care in place)**
 - Carrying through from aging in place—residential care set up as home care
- 10. Stimulating senses and creating individual happiness**
 - By setting up separate units in clusters, residents with similar interests can be grouped and look remarkably different depending on the group's similar likes.



Thank you!

Thoughts, comments, questions?

References

1. Arai, H., Ouchi, Y., Yokoke, M., Ito, H., Uematsu, H., Eto, F., et. al. (2012). Toward the realization of a better aged society: Messages from gerontology and geriatrics. *Geriatric Gerontology International* 12(), 16-22.
2. Baars, J., Dannefer, D., Phillipson, C., & Walker, A. (Eds.) (Ed.). (2006). *Aging, globalization, and inequality* *The new critical gerontology* (ed.). Amityville, NY: Baywood Publishing Company.
3. Evans, L., Strump, N. (2004, September). Changing embedded practice Lessons from gerontology. *Journal of Psychosocial Nursing*, 42(9), 14-17.
4. Flaskerud, J. H., & Winslow, B. J. (1998, March/April). Conceptualizing vulnerable populations health-related research. *Nursing Research*, 47(2), 69-78.
5. Gibson, M., & Bol, N. (2001). Changing practice: Improving pain management for older adults in long-term care. *Topics in Geriatric Rehabilitation*, 16(3), 56-65.
6. Haber, D. (2003). *Health promotion and aging: Practical applications for health professionals* (ed.). New York, NY: Springer.
7. Minichiello, V., & Coulson, I. (Eds.) (Ed.). (2005). *Contemporary issues in gerontology: Promoting positive ageing* (ed.). New York, NY: Routledge.
8. Nouwen, H. J., & Gaffney, W. J. (1976). *Aging The fulfillment of life*. New York: Image Books.
9. Ordinelli, A. (2008, September). It's time to close the gap in gerontological education. *Canadian Nurse*, 104(7), 10.
10. Regnier, V., & Denton, A. (2009). Ten new and emerging trends in residential group living environments. *NeuroRehabilitation* 25(), 169-188.
11. Richardson, F. (2010). "Lift up your voice" *Listening to elders in residential care and assisted living: An action research study* [DIS] Western University of Health Sciences, Pomona, CA
12. Skiba, D. (2012, May/June). Technology and gerontology: Is this in your nursing curriculum? *Emerging Technology*, National League of Nursing Newsletter. 33(3), 207-209.