

Gerontology

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Purpose

- To provide a base knowledge and cultivate respect and appreciation for the older adult

Practical Nursing Role

- Will care for older adults :
 - Acute care settings
 - Long term care
 - Outpatient settings

- Gerontological Nursing is:
 - Care of the older adult
 - The most growing segment of the population
 - The most growing nursing speciality

Course Units

- 1. Foundation of Gerontological Care
- 2. Role of the Gerontological Nurse
- 3. Health and Wellness in the Older Adult

- 4. Common Problems Affecting the Older Adult
- 5. Physiological changes Affecting the Older Adult
- 6. Culture in health and the Older Adult

Unit I

Foundation of Gerontological Care

A. Characteristics of Aging

- 1. Population
- 2. Illness
- 3. Healthcare
- 4. Attitude
- 5. Reality
- 6. Nurse response

Characteristics

- No typical OA person
- 65 suitable age to retire
- 65 arbitrary age set by government for retirement, no special data
- OA diverse and dissimilar but have certain characteristics and problems

1. Population

- Life expectancy
 - 1965 – 70.2 years old
 - _ 2008 -77.1 years old
 - 2025 – 82.9 years old
see subsets p. 5 textbook

- Aging Women
 - Outnumber men 3 to 2
 - 7 older men for every 10 women (changing)
- Potential problems
 - Widowhood
 - Living alone
 - Coping with loss of mate
 - Financial problems

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- Aging Men
 - More likely to remarry
 - Widows outnumber widowers 5 to 1
 - Fewer financial problems
 - Loneliness
 - Lack of caregivers

Social Security

- Implemented 1935 by FDR and Federal government
- Life expectancy was 63
- Workers pay into special funds then \$\$ are dispersed based on the length of time and the amount of monies earned over your lifetime
- P. 5

- SOCIAL SECURITY WAS **NEVER INTENDED** TO BE THE ONLY SOURCE OF INCOME FOR OLDER ADULTS. It was meant to supplement savings and income
- **Reference p. 8**

- Social security is less for women because of work habits
- Results from
 - Working less years
 - No reported earnings therefore lower SS

Caregivers

- Mainly women
- Now older men are caring for ailing wives
- SANDWICH GENERATION – raising and educating children and caring for parents at the same time

Family

- Cornerstone of social support
- Support should be :
 - Affection
 - Emotional
 - Material

- **Baby Boomers**

- Born after WWII between 1946 – 1964

- 76 million babies born

- Now is 1/3 of the population

- Tremendous impact on society

- Impact will peak in 2005-2030 greatest in 2022

- P. 10

Impact of Baby Boomers

- OA's are very active political force
- May cause a GERONTOCRACY
 - Government ruled by older people
- AARP
- NASC

- Social Security Provided:
 - Retirement
 - Survivor benefits
 - Children benefits
 - Dependant parents
 - Death benefits
 - Disability benefits

Frail Adult

- Needs met by:
 - Family
 - Community resources
 - Day care
 - Support groups
 - Clinics
 - Telephone support
 - Alternative resident care

2. Illness

- Acute
- Chronic – major concern
 - 80% have at least one
 - Causes disabilities
 - P. 8-9

3. Healthcare

- Health Care for the OA
 - Over 65 requires more health care than any other group
 - Nurses have to be knowledgeable about diseases common to OA, physical changes and psychological changes

Financing Healthcare

- Medicare- national health insurance for for OA and disabled
 - Pays 45% of health care age 65 yrs. And older
 - Amended to include Nsg. Home care
 - Pays for Skilled Nsg. Care 100 days

- Medicare Plan A
 - Inpatient hospital care
 - Follow-up care
 - Individuals with disabilities
 - All individuals who receive SS automatically enroll in this as their primary paying source
 - Disabled automatically enroll after 24 months of a disability.

- Medicare

- Part A

- Part B

- Part D

Managed Health Care

- Delivers, coordinates and finances health care
- Delivers healthcare to a specific group
- Holistic Nursing is accentuated
 - Define holistic
- 15% OF Medicare population

- Most managed care include:
 - HMO's owned and administered by insurance companies that receive prepaid premiums for health care
 - Recipients select their own PCP
 - Referrals are required from the PCP for all services

- Poverty – 15% of 315 million OA live slightly above or below poverty
- Dangerously close to financial disaster should an emergency arise
- Minorities bear the brunt
- Rapid increase because of baby boomers

Resources for Aging Population

- Community Services:
 - Federal
 - State
 - Church Groups
 - Local
 - Volunteer Organizations
 - Social Service Agencies

- Area Agency on Aging --- AAA
 - Plan, coordinate, provide information and referral sources
- National Council on the Aging--- NCOA
 - Established 1950
 - Believe that the OA deserves a life of dignity and security and the opportunity for full participation in society

4. Attitudes

- Most view aging as being:
 - Avoided
 - Chronic illness
 - Mental deterioration
 - Death
 - Most uncomfortable to disease

- Ageism – term used to describe discrimination against OA. It includes negative attitudes and stereotyping
- Stereotyping – all dependent, frail, demented, helpless, needing assistance
- Negative Attitude – not valuing opinions, contributions, showing disrespect or belittleing

5. Realities of Aging

- Will eliminate stereotyping
- Aging is life long
- Aging is highly individualized
- Health habits are reversible

6. Nurses Response

- What do we need to do?

B. Basic Concepts of Gerontological Nursing

- Definitions:
 - Gerontology
 - Geriatrics
 - Gerontological Nursing

1. Chronological and Functional Age

- Chronological – number of years since birth
- Functional Age – performance. Compared to the standard adult performances. If the standards are not met, the person is considered old

2. Qualities of Gerontological Nursing

- Failure to invest time is a mistake that fosters noncompliance and a lack of cooperation

Qualities to Foster

Therapeutic Relationship

Uniqueness of the OA

Competence in Nursing Skills

Understanding of the physical and psychological aspects of aging

Communication

Art of caring

Cultural considerations

3. Care Settings

- Most OA live at home and care for themselves
- 5-7% live in nursing homes or long term care
- $\frac{1}{4}$ of OA over age 65 need some help with self-care

- Different types of Facilities:
 - Independent living; Retirement comm.
 - Assisted living
 - Continuing Care Retirement
 - Home Health Care
 - Adult Day Care
 - Community Senior Citizens Centers (CONT.)

- Transitional Care Settings
- Hospital Care
- Nursing home
- Nursing Facility

- OBRA – Omnibus Budget Reconciliation 1987

4. Maslow's Hierarchy of Needs

- Abraham Maslow developed a psychosocial developmental theory based on the potential of the individual to become mature and self-actualized (totally fulfilled)
- Used to prioritize and plan care for the OA
- P.536

- 1st level Physiological Needs
 - Oxygen
 - Food water
 - Rest
 - Elimination

- Must be satisfied before move to a higher level called **SURVIVAL NEEDS**

- 2nd level – Safety Needs
 - Very close to physiological needs

- 3rd level Love and Belonging
 - Large families
 - Feelings can be transferred to animals
 - May include special projects

- 4th level Esteem Needs
 - Feeling for self
 - Good feeling
 - Sense of self-esteem

- 5th level ---Self Actualization
- **“STRIVE TO BE ALL THAT YOU CAN BE OR DO”**

Meeting Maslow's Needs

- Rare to have all met <1%
- Move up and down hierarchy
- Death occurs when don't meet a physiological need and/or safety need.
- Unmet esteem needs leads to depression and possible suicide
- Rare for death to result from unmet love or belonging

Theories of Aging

- What causes aging????
- Can aging be altered???
- Chapter 2

Four Basic Characteristics of the Aging Process

- Universal
- Progressive
- Intrinsic
- Extrinsic

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- Life Span
- Life Expectancy
- Centenarian

- Senescence – the end stage of life or the process of growing old
- Aging – begins at birth and progresses at varying rates throughout senescence

- Theories of aging are divided into two broad categories
 - Biological – changes in cells, tissues and interactions with environment
 - Psychosocial- intelligence, memory, emotions, coping ability and social changes

Genetic Theory

- Inherited genes that determine life expectancy
- “genetic clock” determines senescence
- Related theories – finite number (definite #) of fixed incidents within the body. i.e., heart beats , breaths

Free Radical Theory

Cross Linked Theory

- Decrease in cellular division
- Prevents DNA strands from functioning normally

Immune Theory

- Decrease in immune system which protects the body against disease

Wear and Tear Theory

- Normal use of body
- Systems wear out.

Misc. Theories

- Based on various amounts of energy to adjust to personal and environmental stressors
- As adaptive energy decreases organs die

Psychosocial Theories

- Have to do with:
 - Cognitive function
 - Involuntary conscious intellectual activity
 - Aging is the interactions between a persons mental and physical functions

- P.17-19

Disengagement Theory

- Withdraw from life
- Society withdraws from OA
- OA withdraws from society
- Facilitates transition of power

Activity Theory

- Aging should be denied as long as possible
- Same expectations for Middle aged and OA
- As losses occur replaced with new ones
- Strenuous activities replaced with intellectual activities.

Continuity Theory

- Depends on ability to maintain and continue previous behavior patterns
- Part of your basic personality and patterns

Finding Common Theory

- Scientists have studied aging but exact cause had remained mystery
- No one theory all interrelated and may support or refute one another

D. Ethical and Legal Considerations

- Nursing practice is guided by ethical standards and legal parameters.
- **Ethics** – the practice, principles and guidelines that guide moral decision making and behavior in society
- **P. 115-121**

Ethical Aspects for Nurses

- Personal Ethics
- Professional Ethics
- Nurses Code of Ethics p.118

Legal Aspects of Care

- Nursing is guided by legal parameters
- Regulated by state government
- Rules and Regulations
- Nurses must practice within these limitations
- **State grants a license and has the right to revoke a license to an institution**

Negligence and Malpractice

- Negligence – performing an action that causes harm to another person, or neglecting to perform an act that would prevent harm.
- Malpractice – a form of negligence that implies failure to act, as a reasonably prudent nurse.
- P. 106

- **THE STUDENT NURSE IS HELD TO THE LEVEL OF ACCOUNTABILITY AS A WISE AND PRUDENT NURSE**

Guiding principles

- When standard of care is not met the nurse is liable for negligence. For example: injury from falls, medication errors, burns, etc.

- Informed consent
- Determining competence
- Patient Self Determining Act (under OBRA)
- Chapter 8

- Medical Directive to the Physician
- Medical Power of Attorney

Advance Directive

- Purpose
- Description
- Implementation

- If there is not an Advanced Directive the spouse or family is called upon for decision making
- Often refers to:
 - Artificial Nutrition and Hydration
 - Use of restraints (chemical and physical)
 - Mechanical ventilation

Physical Restraints

- Any manual method of physical or mechanical device , material or equipment attached or adjacent to the residents body, that the resident cannot remove easily, restricts movement or normal access to one's body

Chemical Restraints

- Drugs not used to treat the patient medically.
 - Antipsychotics
 - Sedatives
 - Hypnotics
 - Antianxiety
 - Antidepressants

- Identify Risk Factors and meet the Needs of the Client