

The origins of
geriatric nursing, the
development in the
last century.
assignment...



This paper will detail the origins of geriatric nursing from early in the twentieth century until the 1980's. The first calls for care of the chronically ill elderly came before World War I in connection with conditions in almshouses. The 1920's through the 1940's saw scant progress in nursing's concern for treatment of the aged. With the publication of the first textbook devoted to geriatric nursing in 1950, the pace began to quicken. A decade later the nation seemed to have awakened to the plight of the elderly as the growing civil rights movement contributed to a concern for all Americans to be treated fairly.

The federal government and the health community at large led the way to advances in nursing care. Increased activism in the 1970's augmented the previous gains, culminating with important structural developments in educational opportunities for specialized nursing training during the mid 1980's. Generally home to the poorest, the nineteenth century asylum, forerunner to the twentieth century hospital and nursing home, housed various categories of society's unwanted. The insane, prostitutes, syphilitics, tubercular patients, orphans and the chronically ill elderly were all grouped together.

The early part of the century saw development of separate facilities, such as sanitariums, orphanages and the insane asylum, for most of these categories. Gradually the percentage of elderly increased, from 50% early in the century to 2/3 by 1920 (Schell, 1993). While substantial numbers of the elderly lived out their years in private charitable old-age homes, " these institutions provided custodial rather than medical care" (Schell, p. 205) for the largely well elderly, mostly providing for their social and psychological needs.

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According to Irene Burnside the earliest call for geriatrics as a nursing specialty was an article entitled " Care of the Aged" (1925) in the American Journal of Nursing [AJN]. It was not definitively answered for almost 40 years (Burnside, 1988, p. 52). Prominent among the voices for change in nursing care for the aged was Lavinia Dock, a nurse and a contributing editor of AJN, a leading feminist and socialist. Along with leading women's organizations Dock wanted to institute nursing training in the almshouse.

As one leading women's figure stated, " the great variety of chronic cases- the cases in which the hospital training school is most deficient ??? will constitute a post-graduate opportunity of great value" (Crane, 1907, p. 880). But ultimately political and social factors negated their cries for improvement. Most almshouses were run by local or state authorities who had a vested financial interest in keeping costs (and ultimately care) at a minimum. Women in general and nursing within the broader medical community lacked the political power to effect change (Schell, 1993).

The exuberance of the 1920's showed little concern for the chronically ill elderly and beginning in 1929 the nation was preoccupied with surviving the Depression. The steady criticism and exposure of the almshouse's shortcomings in the 1920's and 1930's gradually led, not to reform, but to closure. Between the early 1930's and 1950's its numbers declined by almost 50% from a high of 135, 000 to 72, 000. (Schell, 1993) State and local authorities could not shoulder the financial cost of reform during the Depression and World War II.

Additionally, the Social Security Act of 1935, in an effort to encourage more community-based solutions, forbade residents of public institutions from receiving benefits. While meaning to foster independence and a return to home and families, the government's policy failed to take into account the needs and care offered by an institution (Schell). Many elderly moved to the rapidly increasing number of nursing homes while others were transferred to different types of facilities such as the mentally ill and senile to mental hospitals.

By the end of the Second World War several factors led to the dramatic expansion in the number of these institutions. One was the rapidly multiplying number of chronically ill elderly. Second, there was a dramatic change in the social fabric of American society. Because of expanding job opportunities Americans were on the move like never before, complicating the care of ill parents. Also, women, the traditional caregivers, sought work outside the home in larger numbers than ever before. Unfortunately, the nursing home perpetuated many of the same problems as the almshouse.

Largely unregulated, like its forerunners, most did not employ professional nurses. Despite intermittent pleas from women's organizations, figures such as Dock and editorial articles throughout the earlier period by AJN and Public Health Nursing little improvement had appeared for the care of the chronically ill. In an article detailing the state of nursing care at the beginning of WWII, the author states that "Nationally, the care and treatment of long-term chronically ill aged was poorly understood and organized, complicated by the perception that chronic illness was inherent and irreversible in the aging process. (Dieckmann, 1993, p. 219) In 1946 in <https://assignbuster.com/the-origins-of-geriatric-nursing-the-development-in-the-last-century-assignment/>

Nursing Care in Chronic Disease Edith Marsh could state in her introduction “ chronic illness as a subject for study and research has never been given its rightful place in our nursing procedures, nor has it been considered of major importance in the training of medical students. ” (Marsh, 1946, p. 1). But there were indications that things were beginning to change. In 1950 the first geriatric nursing textbook was published.

Kathleen Newton’s Geriatric Nursing began by saying “ Our society does not willingly care for its older citizens” but “ we have been shocked out of our indifference by the growing number of older people” (Newton, 1950, p. 17). She goes on to say that “ little progress has been made in the control and treatment of chronic diseases occurring in old age” (Newton, p. 21). She points and that there are at least twenty five national organizations focused on child care and none specifically for the aged.

The next several years saw writing about the aged in Nursing Research and Nursing Outlook, along with a second edition of Nursing Care in Chronic Disease (1954). The 1960’s was a watershed not only for specific advances in the recognition of geriatric nursing as a legitimate field of study, but also, and partly because of, developments in a wider societal context. The number of older (over 65) Americans had been continually increasing since WWII until by 1961 they numbered more than fifteen million with life expectancy nearing 70. The nation’s level of consciousness about aging was undergoing a marked change in the early 1960’s.

Under John Kennedy, who made adequate health care for the aged a central part of his political agenda, the federal government led the way. During his

administration (January 1961) the White House Conference on Aging met for four days and was attended by more than 3000 delegates. The focus was on health care of the aged with a special urgency on nursing care. The conference “ recommended that nurses be given specific training in the rehabilitation of nursing home residents, and emphasis was placed on the importance of specialized training in geriatrics” (Stotts and Dietrich, 2004, p. 2) After Kennedy’s death, Lyndon Johnson seized the initiative and made health care his priority. Medicare and Medicaid were established in 1965 with passage of the Social Security Amendments. It not only provided a safety net for the elderly but marshaled resources for nursing education. Finally, the Older Americans Act of 1965 established the Administration on Aging, “ the first federal resource dedicated solely to the needs of older adults” (Stotts and Dietrich, p. 43).

In the private sector the 1960’s saw a quickening pace in geriatric nursing developments. The American Nurses Association “ recommended formation of [a] specialty group for geriatric nurses” (Burnside, 1988, p. 52). It’s Conference on Geriatric Nursing Practice held its first national meeting (1962) in Detroit, Michigan. The decade saw the beginnings of published research on geriatric nursing, inauguration of specialist nursing programs in gerontology, and the establishment of geriatric nursing standards.

Gerontological nursing books in the 60’s began with the third edition of Geriatric Nursing by Newton and Anderson (1960) and steadily increased throughout the decade. It was during this period that the term gerontology became more prominent. “ Geriatrics” is taken from the Greek meaning care of the aged and is the branch of nursing dealing with the medical problems <https://assignbuster.com/the-origins-of-geriatric-nursing-the-development-in-the-last-century-assignment/>

of older adults, and as such is only one of the areas subsumed in the general study of old age, gerontology, This broader term includes psychological, economical and social factors in addition to disease-related issues.

The word geriatrics has been used in medical writings from as early as 1909 while gerontology first appeared in the Cumulative Index in 1952 (Burnside, 1988, p. 52). Its usage increased in the 1960's and 1970's with a more holistic consideration of the needs of the elderly until the American Nurses Association changed its usage from geriatrics in 1979. (Stotts and Deitrich, 2004, pp. 45-46). Progress in geriatric nursing mushroomed in the 1970's. National consciousness of the plight of the elderly was intensified by the activism of the period.

The Gray Panthers, founded by Maggie Kuhn, one of the delegates of the above mentioned White House Conference on Aging, gave a prominent voice to older adults and issues of importance to them. By now the federal government had usurped the leading role as financial, educational and regulatory force in the struggle to provide quality nursing care to the elderly. Two of its accomplishments in this period were the Nutrition Service Incentive (1972) and the authorization of the National Institute of Aging (1974) In this fruitful atmosphere, many "firsts" came to the fore.

Irene Burnside's time line of developments in gerontological nursing lists a number of major advances in the field, including the first gerontological nursing specialists, first nursing certification and the inception of the Journal of Gerontological Nursing (Burnside, 1988). And compared to pre-1970's there was a veritable flood of books on geriatric nursing (Burnside). Building

upon these advances “ three initiatives...changed the face of geriatric nursing” (Stotts and Deitrich, 2004) in the 1980’s.

Several foundations provided funding to bolster the specialization of geriatric nursing especially with support for nursing schools. (Stotts and Deitrich) Today the field of geriatric nursing has been put on a firm scientific basis. Much has been learned with much more to be learned with further study. From the anguished cries at the turn of the twentieth century to the high tech establishment of today, one thing remains constant. Nursing’s obligation to ameliorate and understand the sufferings of its most vulnerable and needy prevails above all else.

The state of the care of the aged today is the result of many voices and much hard work in the nursing community this last 100 years. References
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