

Elderly care: attitudes of nurses



The world is aging; however chronological age may have little relation to the reality of aging. When caring for this group of people nurses must consider culture, ethnic and racial diversities. Elderly clients will expect that the nurse render culturally competent care and one major aim is to help promote independence and help client maintain or restore activities of daily living. The age 65 becomes the boundary of old age.

Why does the age group continue to grow, Erickson said longer life span, better medicine, better treatment and better diagnosis testing answers the question. Diversity is also increasing due to naturalization and immigration, a majority of older adult live in non-institutional setting; however a smaller number have lost the ability to care for them. Eventually aging leads to disability and dependence on others. Chronic problems can add an additional challenge. To assess older client check the strength, weakness and abilities when developing plan of care.

Many of us know some older people and have grandparents. As nurses we should not be susceptible to miss or stereotype even though they may be slower or have trouble with vision, hearing and dexterity. We must take into account their positive attributes. The older adult has a lot to share with years of experience. As nurses we need to assess our attitudes towards older adults, our aging, family, friends and clients. Our attitude comes from our experience with older adults, education, work and co-workers.

When caring for the older adults we need to be aware of their wishes, and give them the opportunity to participate in their own care and treat them with dignity, nurses need to know and address ageism prevailing negative

and stereotype attitude and check what really happens during the aging process. Ageism refers to a systematic discrimination toward a group of people based on chronological age (Matteson & McConnell, 1988: 1). Ageism is " a process of systematic stereotyping of and discrimination against people because they are old...

Ageism allows the younger generations to see older people as different from themselves, thus they subtly cease to identify with their elders as human beings. " (Butler, 1975, cited in Matteson & McConnell, 1988: 482). The fundamental nursing knowledge is needed in relation to the normal physiological changes of ageing. To meet the needs of an increasing population over the age of 65, many small, rural, community health centers have converted a part of the funding allotted to them so that it includes the provision for residential aged care beds.

This change in need requires community nurses to expand their roles of practice to include gerontic nursing. This may leave nurses feeling coerced into working in an area that is considered either undesirable or outside their current educational and practical knowledge. Failure to modify care delivery to compensate for normal age related changes might place older patients at risk. Abilities in hearing, reading or understanding complex treatment regimes may be overestimated. The risk of falls could increase and even the therapeutic effect of medication, particularly those administered via Nebulizers may be reduced.

With increases in life expectancy and increasing numbers of older patients utilizing the acute setting, attitudes of registered nurses caring for older

people may affect the quality of care provided. This reviews positive and negative attitude of acute care nurses toward older people. As the ageing population continues to grow exponentially, their demand for hospital care also increases. Many nurses in the acute care setting have had little, if any, specialist education in the care of older people and therefore do not understand the extent of their needs.

Coupled with the lack of specialist knowledge is the low status of older person care in this setting. Many nurses prefer to care for younger patients with acute illnesses that are curable. As with the population at large, health care professionals hold negative views about old age and this is reflected in their attitudes. In long-term care settings registered nurses (nurses) hold neutral to slightly positive attitudes towards the elderly, although these attitudes are less positive than nurses in teaching, health department or rehabilitate services areas.

However, nurses in long term settings do have more positive and less negative attitudes toward the elderly than either licensed practitioner nurses or nursing aides. Nurses in long term settings have been reported to having an interest in working in this area although they feel their skills were not appropriately used and working there highlights problems for their own old age when they fear they, like their older patients, will be made to feel useless and not needed.

Negative aspects of this work are: high dependency of patients, structure of nursing work with older patients and lack of staffing. Little research has examined the care older patients receive in the acute care setting – a

potentially dangerous place for older patients. These patients are more likely to develop post-operative complications and nosocomial infections than younger patients. In some hospitals their dependence is encouraged as it is quicker 'to do' for older patients and they are discharged with lower levels of functioning than they had on admission.

Older patients are discharged to their homes and many receive limited family or community assistance. They are often uninformed about their illness and recovery, medications and recommended lifestyle changes, leading to high readmission rates. Nurses who placed a high degree of importance on talking to patients held more positive attitudes than those who placed a high degree of importance on general nursing care (e. g. , bathing, toileting).

Although older patients were perceived as pleasant to interact with, they were not perceived as being capable of making their own decisions or carrying out important functions. On the other hand those who held negative attitudes toward older patients held positive attitudes toward restraint use and stereotyped older patients rather than regarding them as individuals. Nurses with a higher level of professional education had more positive attitudes toward older people.