

Healthy Aging: The Nurse's Role

Christine Larsen

Boise State University

NURS 428

Professor Jayne Josephsen

February 16, 2018

Healthy Aging: The Nurse's Role

Aging is a universal phenomenon. Although all humans age, unfortunately not all age well. As a nurse working with older adults, it is important to understand what healthy aging looks like. This allows the nurse to intervene when problems arise that are not part of the normal, healthy aging process. To do this, the nurse must be aware of issues that can affect healthy aging and what can be done to promote healthy aging. Numerous issues can affect aging. These fall into three general categories: physical, social, and organizational. This paper addresses three specific topics in those respective areas: pain, grief, and decisional capacity.

Healthy Aging

The concept of healthy aging can be described as the passage of years without a significant decrease in an individual's functional abilities, emotional fulfillment, or sense of purpose and meaning in life. It can be expected that with an increase in years will come physical, emotional, and spiritual changes. However, healthy aging indicates effective adaptation to those changes and maintenance of an overall state of wellbeing.

Issues Affecting Healthy Aging and Nursing Interventions

Many issues can affect healthy aging. Issues addressed in this paper include pain, grief, and decisional capacity. Nurses working with older adults must be aware of these issues and the nurse's role in preventing them or assisting patients to access the resources necessary to improve these conditions.

Pain

Contrary to common conceptions, "pain is not an expected part of normal aging" (Ackley & Ladwig, 2014, p. 590). The presence of pain in elderly patients indicates exactly what it indicates in a younger person: a need for exploration and determination of the cause followed by

interventions to relieve the pain. According to Scherer et al. (2016), chronic pain can result from many different conditions. As many as 50-80% of elderly adults experience chronic pain (Veal & Peterson, 2015). For these reasons, and because older adults are more likely to be suffering from multiple health conditions (Veal & Peterson, 2015), it is important that the nurse recognize and address reports of pain in older adult patients.

Interventions. Nurses can assist older adults who are experiencing pain in many different ways. Appropriate and thorough assessment of the patient's pain is the nurse's first step when attempting to intervene. Listening to and believing what the patient describes rather than dismissing the pain as merely complaining will assist the nurse in developing a trusting patient/nurse relationship (Ackley & Ladwig, 2014). Nurses should refer patients to primary care providers for prescription pain medications and educate patients about appropriate timing of such medications to improve functional independence (Ackley & Ladwig, 2014). In addition, nurses can teach older adult patients nonpharmacological strategies to manage pain, such as "distraction, imagery, relaxation, and application of heat and cold" (Ackley & Ladwig, 2014, p. 581).

Grief

Grief is the natural human response to loss (Hashim, Eng, Tohit, & Wahab, 2013). The later years of an individual's life are frequently filled with significantly more episodes of grief than their early years as grandparents, parents, siblings, significant others, friends, and even children of older individuals age and die. In addition, role changes or social losses due to disease, disability, or simply aging can cause significant grief reactions. While grief is a normal part of the human experience and an expected reaction to loss, it is important for nurses working with elderly patients to recognize when complicated grieving has become an issue.

Complicated grieving exists when the distress experienced after a loss manifests through functional impairment (Ackley & Ladwig, 2014). This functional impairment can be displayed through a lack of self-care, depressive symptoms, increasing social isolation, and many other symptoms (Ackley & Ladwig, 2014; Hashim et al., 2013). While not every older individual experiencing grief will develop complicated grieving, it should be noted that 10% do and that complicated grieving among the elderly is found most commonly in individuals 75 through 84 years of age (Hashim et al., 2013).

Interventions. Nurses can offer support and assistance for older adults dealing with grief to recognize or prevent the development of complicated grieving. Some methods for this include making phone calls to the individual to assess their emotional state and ability to cope with the loss and referring the patient for counseling or to their primary care provider to obtain a prescription for antidepressants or other medications as indicated (Ackley & Ladwig, 2014; Hashim et al., 2013). Referring individuals to support groups such as the Culinary Grief Therapy: Cooking for One Series described by Nickrand and Brock (2017) can significantly improve coping abilities and decrease the effects of complicated grieving.

Decisional Capacity

Decisions are a regular part of everyday life. Being capable of making decisions is important for all individuals, and is especially relevant for older adults as they face healthcare decisions. It is commonly thought that as humans age, they naturally become more forgetful and less competent at making decisions. However, it is important to recognize that decisional capacity does not decrease in normal, healthy aging. While decisions may take longer to make, healthy older adults are still just as capable of making decisions as they were when they were younger (Worthy, Gorlick, Pacheco, Schnyer, & Maddox, 2011). In fact, Worthy et al. (2011)

explain that the wisdom that comes with advanced age often improves decision-making capacity. Nurses working with older adults must then be able to recognize when decision-making capacity is impaired and take measures to resolve any problems that may be contributing to the loss.

Interventions. Having a good relationship with patients is crucial to understanding when differences in decision-making capacity have occurred. Therefore, nurses should cultivate positive working relationships with their older clients and become familiar with their baseline level of mental functioning. Should the nurse begin to suspect deficits, many evaluation tools have been developed that can be used to determine the extent of impairment (Palmer & Harmell, 2016). It is important for nurses to recognize and determine the difference between dementia, depression, and delirium. This is because all three can present with common characteristics, but each requires a different approach to resolve (Varcarolis, 2013). Nurses should refer patients to primary care providers when medications or medical diagnoses are necessary.

Conclusion

Healthy aging requires recognition of issues commonly found in aging. Nurses play an important role in assisting older adults through the aging process and are therefore required to have awareness of what normal, healthy aging looks like. In addition, nurses must be able to recognize issues that complicate aging. Understanding physical, social, and organizational concerns such as pain, grief, and decision-making capacity assist the nurse to intervene in a timely manner and help patients have the most fulfilling, productive life possible. Any nurse working with older adults should be well-equipped to recognize concerns and provide appropriate interventions.

References

- Ackley, B. J., & Ladwig, G. B. (2014). *Nursing diagnosis handbook: An evidence-based guide to planning care* (10th ed.). Maryland Heights, MO: Mosby.
- Hashim, S. M., Eng, T. C., Tohit, N., & Wahab, S. (2013). Bereavement in the elderly: The role of primary care. *Mental Health In Family Medicine, 10*(3), 159-162.
- Nickrand, H. L. & Brock, C. M. (2017). Culinary grief therapy: Cooking for one series. *Journal Of Palliative Medicine, 20*(2), 181-183. doi:10.1089/jpm.2016.0123
- Palmer, B. W. & Harmell, A. L. (2016). Assessment of healthcare decision-making capacity. *Archives Of Clinical Neuropsychology, 31*(6), 530-540.
doi:10.1093/arclin/acw051
- Scherer, M., Hansen, H., Gensichen, J., Mergenthal, K., Riedel-Heller, S., Weyerer, S., & ... Schäfer, I. (2016). Association between multimorbidity patterns and chronic pain in elderly primary care patients: A cross-sectional observational study. *BMC Family Practice, 17*, 1-8. doi:10.1186/s12875-016-0468-1
- Varcarolis, E. M. (2013). *Essentials of psychiatric mental health nursing: A communication approach to evidence-based care*. St. Louis, Mo: Elsevier/Saunders.
- Veal, F. & Peterson, G. (2015). Pain in the frail or elderly patient: Does tapentadol have a role? *Drugs & Aging, 32*(6), 419-426. doi:10.1007/s40266-015-0268-7
- Worthy, D. A., Gorlick, M. A., Pacheco, J. L., Schnyer, D. M., & Maddox, W. T. (2011). With age comes wisdom: Decision making in younger and older adults. *Psychological Science (0956-7976), 22*(11), 1375-1380. doi:10.1177/0956797611420301