

By Liz Macera

# Geriatric Nursing



## Preparing for the Baby Boomer Generation

**S**he was turned on her side with her back facing me so I could check her wound. The 94-year old had lived in the nursing home for several years but now her health was declining; she was bedbound and had developed pressure sores. When asked how she was feeling, she replied that she had been very uncomfortable and was disappointed that she was not yet dead. “God doesn’t even want me,” she said.

This comment tore at my heart. I had been working as a nurse practitioner providing care for residents of skilled nursing facilities for about five years at that time. Prior to hearing that comment, I was not fully aware of what it must feel like to have no control over your body as it ages and you become increasingly dependent upon others. But I knew that my work was making a difference in the lives of the elders who sometimes felt abandoned in a nursing home.

## Geriatric Nursing

My love for geriatric nursing motivated me to speak at the National Student Nurses’ Association Annual Convention in April 2007 in Anaheim, California. I welcomed the opportunity to explain what I find so compelling about caring for older adults. I have found geriatric nursing a rewarding specialty, and one that will increase in importance as the Baby Boomers age (Berman & Thornlow, 2005). Baby Boomers are generally defined as the generation born between 1945 and 1960. By 2029, all Baby Boomers will be over age 65, increasing the percentage of older people in the United States from 12% now to about 20% in 2050 (National Center for Health Statistics, 2005). Nurses of the future are likely to have contact with elders no matter the practice setting.

After considering what new nurses need to know about caring for elders, I created two lectures based on interesting challenges I had encountered.

The first is “What is it like to be old?” and focused primarily on sensory changes and pathology in older adults. The other is “Cross Cultural Communication and Older Adults.” Culturally sensitive care of older adults will become increasingly important as the Baby Boomers age, especially since communication is often affected by sensory impairment in elders.

## Sensory Impairment

The first lecture focused on visual and hearing problems in older adults. Blindness and deafness are not normal consequences of aging, but hearing and vision do change as a person

ages. For example, most adults experience changes in the ability to see contrasting colors and managing glare (Whiteside, Wallhagen, & Pettengill, 2006). These are considered normal changes of aging, meaning they occur in most people as they age. Many diseases of these sensory systems are age-related and, therefore, more common in older adults than in younger people. Eye diseases, such as glaucoma, increase in incidence when people age and compound the difficulties elders have with vision.

A series of slides demonstrated alterations in vision that occur with age related disease. One of the most striking visual demonstrations was that of tunnel vision, similar to the impairment that occurs in those with glaucoma. Tunnel vision is insidious because the person with glaucoma loses the peripheral vision a little at a time and may not even realize that the field of vision is becoming more restricted. It can have a major impact on skills such as driving, and may even impair an individual’s ability to perform activities of daily living.

Hearing is another sense critical to self-care that changes as we age. Although there is some decline in the ability to hear high tones in most people as they age (presbycusis), the majority of older adults hear well. However, approximately 30% of those over the age of 65 suffer hearing impairment, many as the result of prolonged environmental exposure to elements such as noise and ototoxic medications (Wallhagen, Pettengill, & Whiteside, 2006).

At the Convention, the students enjoyed doing the Unfair Hearing

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## USEFUL RESOURCES

- ❖ University of California, San Francisco Academic Geriatric Resource Center. A series of self-paced on-line modules on aging created by a multidisciplinary team, covering policy, physiology, pharmacology, and more [www.ucsfagrc.org](http://www.ucsfagrc.org).
- ❖ Stanford Geriatrics Education Center. The focus of this federally funded center is on Ethnogeriatrics, [sgec.stanford.edu](http://sgec.stanford.edu).
- ❖ *American Journal of Nursing Series*: "A New Look at the Old" available at [www.ajnonline.com](http://www.ajnonline.com).
- ❖ Age-Related Impairments: A Simulation Exercise—Instructions for simulations for classroom use, at [crab.rutgers.edu/~deppen/teach.htm](http://crab.rutgers.edu/~deppen/teach.htm).
- ❖ Arizona Center For The Blind And Visually Impaired, Inc. Click on "Vision Loss Simulation" [www.acbvi.org](http://www.acbvi.org).
- ❖ *Try This Assessment Series*- Assessment tools developed by the Hartford Institute available for download and use in the clinical setting. Examples are pain assessment in the cognitively impaired or falls assessment. [www.hartfordign.org/resources/education/tryThis.html](http://www.hartfordign.org/resources/education/tryThis.html).
- ❖ The Unfair Hearing Test is on the Acoustic Associates, Ltd. "Say What?" CD, and is available through the American Audiology Society [www.audiology.org](http://www.audiology.org).

Test. This is a series of 10 words read three times with instructions that each listener write down the words they hear each time the list is read. The first time, the sound is distorted to simulate what a person with severe hearing loss would hear. The second time, the reading simulates moderate hearing loss, and the third time the list is read without alteration. The students were able to experience the uncertainty that people with severe hearing loss experience when they have to guess what a spoken word is. At times, a student thought he or she heard the word correctly on the first reading only to discover by the third reading that they completely misinterpreted the words.

Communication between a nurse and the patient is dependent upon accurate hearing. Inability to distinguish words can create a communication gap, as can create

misinterpretations from the lack of cultural understanding.

### Cultural Competency

Cultural competency is the ability to provide health care consistent with elders' expectations in the context of their cultural background (Collaborative of Ethnogeriatric Education, 2001). The older population will become more diverse as the Boomers age, which will increase the necessity for nurses to understand culturally competent care. Based on current growth rates, the following increases are projected in the population of those over age 65 in the United States between 1999 and 2030, when the Boomers age:

- African American 128%
- American Indian 193%
- Asian-Pacific Islander 301%
- Hispanic 322%
- White 81% (Administration on Aging, 2004).

There are three steps to gaining cultural competency. The first is to become aware of one's personal value system; second, to gain knowledge of specific populations; and third, to gain skills needed for working with particular populations (Collaborative of Ethnogeriatric Education, 2001). In the case of a young Latina nurse working with Chinese elders, differences are obvious. There are dissimilarities in age, language, and perhaps core values. The nurse must be aware of how these distinctions affect interactions.

Cultural differences are not always evident, however. For example, one Caucasian student in the audience at Convention was from an Irish background and explained that in his family, death was not discussed and often an elder is not told he or she has cancer because the news may be "too depressing." A nurse who was raised in the United States might feel that professionalism dictates that the nurse talk with the patient about the diagnosis. Should the nurse act from her own cultural background or adapt to the patient's values? How does the nurse learn what these values are? Is failing to disclose the cancer diagnosis dishonest? These are issues of cultural competence nurses must deal with when they work with those from another culture, including those from a different generation. And Boomers may have high expectations that registered nurses will understand their generation.

### Nursing and the Boomers

Baby Boomers, as children of the generation that fought World War II and survived the Great Depression, were raised in the affluent post-war era. As a group, they are well educated and accustomed to privilege (Roszak, 2001). They promise to be quite different from the current cohort of elders. They will most likely demand quality nursing care and expect nurses to anticipate their needs as they age. They will expect to age healthy,

live longer than their parents did, and that health services are available to them in a format that considers the impact of normal changes of aging and age-related disease.

Being aware of sensory changes that occur with aging, differentiating normal aging from disease, and having an understanding of disorders that impair the senses is essential when working with elders. Being aware of your own culture and learning about other cultures will prepare you to communicate with the diverse Boomer generation as it ages. Having this knowledge will prepare you to take great care of elders in the future—and that skill will be critical in nursing for years to come. ☺

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## r e f e r e n c e s

Administration on Aging. (2004). Addressing Diversity. Retrieved August 20, 2007, from <http://www.aoa.dhhs.gov/prof/adddiv/adddiv.asp>

Berman, A., & Thornlow, D. (2005). Your bright future in geriatric nursing. *Imprint* 52(1), 24-26.

Collaborative of Ethnogeriatric Education. (2001). Curriculum in Ethnogeriatrics: Core Curriculum and Ethnic Specific Modules, Second Edition. Retrieved August 20, 2007, from <http://www.stanford.edu/group/ethnoger/index.html>

National Center for Health Statistics. (2005). Health, United States, 2005: With Chartbook on Trends in the Health of Americans. Retrieved August 20, 2007, from <http://www.cdc.gov/nchs/data/hus/hus05.pdf>

Roszak, T. (2001). *Longevity Revolution: As Boomers Become Elders*. Berkeley, California: Berkeley Hills Books.

Wallhagen, M. I., Pettengill, E., & Whiteside, M. (2006). Sensory impairment in older adults: Part 1: Hearing loss. *American Journal of Nursing*, 106(10), 40-48; quiz 48-49.

Whiteside, M. M., Wallhagen, M. I., & Pettengill, E. (2006). Sensory impairment in older adults: part 2: Vision loss. *American Journal of Nursing*, 106(11), 52-61; quiz 61-52.



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