Learning outcomes

You will learn the following from this chapter:

• How acute care nursing practice needs to be reconfigured to meet the complex needs of our ageing population
• How useful it is to use a person-centred approach to practice in acute care settings
• How important it is to think about how your own attitudes and beliefs might impact on the care you give
• How maintaining a person’s dignity is central to the delivery of excellent nursing care
• How always remembering a person’s right to choose is essential for achieving high-quality, person-centred care
• How your experiences in practice can influence the way you care
OVERVIEW

This chapter begins by explaining the challenges and concerns that the ageing population brings to acute care settings. It then goes on to discuss ways in which nursing can reconfigure acute care practises to ensure that older people’s needs are holistically met, focusing on how nurses can eradicate ageism in their practice and provide dignified, holistic, person-centred care. Integrated throughout this discussion are the content of two crucial documents from the Department of Health and the Royal College of Nursing that aim to help Britain meet the needs of its ageing patients. These documents are the National Service Frameworks for Older People (Department of Health, 2001a) and Best Practice for Older People in Acute Care Settings (BPOP): Guidance for Nurses (Bridges et al., 2009a). The chapter concludes by presenting practical examples of how nurses within acute care can implement person-centred practice to guarantee that they are providing optimal care to their older patients, regardless of the setting.

About the author

I began my nursing career as a diploma-prepared RN in 1991 in New Brunswick, Canada. I was an A&E nurse in a busy city. As one of the youngest A&E nurses in Canada, I was lucky to be able to identify my leadership potential early in my career. In order to broaden my leadership skills, I have sought positions within facilities that have employed individuals to strategically deliver healthcare and education to diverse populations. These range from being a nursing facilitator to the role of charge nurse in long-term care, undertaking community nursing but also being an acute care nurse, an A&E nurse, a healthcare consultant and a curriculum developer.

Educationally, my aim has always been to continue to develop my leadership potential and my ability to communicate effectively and think critically, independently and with originality. After the completion of my BScN at Ryerson Polytechnic University in Toronto, Ontario, I began my postgraduate studies at Dalhousie University in Halifax, Nova Scotia. In 2005, I relocated to the UK and continued my education as a PhD student at the University of Southampton.

Early in my studies, I recognised that the global ageing population has generated tremendous demands for new social and health services, and if the nature of nursing and its impact on these services is to be understood, we must investigate both the processes that we use and their outcomes. This realisation led me to a research study evaluating a new approach to intermediate care by drawing together three separate enterprises—a not-for-profit charitable organisation, a primary healthcare trust and local referring hospitals and social care providers—in order to design a new service. The study described and examined what influenced the success (or not) of the person-centred intermediate care (PCIC) model being implemented. The results gave a detailed account of the successes and challenges that this multidisciplinary team experienced during their innovative journey crafting and successfully implementing PCIC. This study also exposed how the staff used emotional labour in order to successfully deliver their model of PCIC. I have written some papers about this research, so just Google my name to find and read them.
Reconfiguring acute care nursing practice to meet the complex needs of our ageing population

Healthcare is in a perpetual state of change. As such, one of the greatest challenges nursing faces is the ever-present need to reconfigure practice to ensure the provision of the right care to the right person, in the right setting, at the right time. Never has this been more evident than now in the face of an ageing population. Over the last decade, a transformation has occurred in our healthcare systems, resulting in the care of older people being the norm rather than the exception. Regrettably, research has demonstrated that, within general hospital wards, this age group of people is not being adequately cared for (Bridges et al., 2009b; Health Advisory Service, 2000; Mezey et al., 2007; Nolan and Tolson, 2000). Poorly applied care practices are being found throughout the caring services, in which the basic care principles such as feeding and attention to personal hygiene have been overlooked while technological care has made considerable advances. Within busy acute care settings, this change in practice has resulted in older patients experiencing (Courtney et al., 2000; Nolan and Tolson, 2000):

- reduced independence;
- limited decision-making opportunities;
- limited health education;
- social isolation;
- increased probability of developing complications;
- little consideration of their ageing-related needs.

Recognising that basic care principles have been neglected and that the ageing population is bringing with it a further need for change, the pressure is on to reconfigure our current practice. The end goal is to meet all the needs, both advanced and basic, of our patients and proactively set in place longstanding practices that will ensure that our health and social care systems get services right for older people (Philp, 2003).

Within Britain, Canada, the USA, Australia and other developed countries, an increasing number of people are living to old age. In fact, increasing longevity is one of the greatest accomplishments of the twentieth century. However, simply living a longer life is not enough: quantity without quality is not accomplishment at all. In a culture obsessed with youth, being older is seldom recognised as a success but is rather regarded as a problem that needs to be dealt with. Living longer must be accompanied by financial stability, fitness and good health in order to ensure that one’s quality of life is maintained.

As we age, the prevention of ill-health whenever possible is the ultimate outcome. As such, our media are inundated with messages of health and fitness. Although that is all well and good, disease and accidents do happen, and it is within nursing’s remit to ensure, when illness or injuries occur, that patients are provided with dignified care and
support where needed. In many hospital wards where older people are being cared for, the environment is currently not well suited to the provision of dignified and individualised care. That being said, it is not impossible to provide person-centred care within an acute care setting. Nurses have the ability both to abolish ageism and to use their knowledge and skills to integrate best practice standards into their daily care.

In assuming the role of a nurse, one takes on the accountability of being a patient advocate. As advocates, nurses are afforded great opportunities to challenge practices to ensure that their patients’ needs are being holistically met. It is therefore within nursing’s ability and responsibility to call for the reconfiguration of acute care until it has been modified to the extent that providing dignified care that promotes patients’ autonomy and self worth becomes the norm.

Activity

Just because something has historically been done in a particular manner, do we need to continue to do it this way? How can you, as a nurse, advocate for change that would see the system adapting to meet the needs of older adults rather than wedging older adults into the current system?

Think about it ...

Most patients undergoing day surgery or outpatient treatments are required to be at the hospital between 6 and 8 a.m. For some patients, this simply means waking early, getting dressed and driving to the hospital in a very short turnaround time. For others, in particular older adults, there is a much greater turnaround time. Think about those with decreased mobility and the length of time it can take them to get ready in the morning to leave their home. This time frame can be further extended by the need to take numerous medications – some of which may require a meal or light snack in order to reduce stomach upset. Now think again of how inconvenient this early time frame is for some older adults who may live alone without assistance and ask yourself whether it is absolutely necessary that all patients arrive at the hospital at 7 a.m. Or have we just always done it this way?

Activity

WHAT SORT OF NURSE ARE YOU?

If you were working on a ward that consisted predominantly of inpatients ranging from 2 to 15 years of age, would you deem it appropriate to have undergone specialised training in paediatric care?

If you were working on a ward that provided care predominantly for patients recovering from hip surgery, would you deem it appropriate to have trained specially in postoperative hip surgery care?

Finally, if you worked on a ward that predominantly cared for older patients, would you deem it appropriate to have had specialised training in gerontological issues?

Now think about the fact that, within acute care, over two-thirds of ward beds are occupied by patients over 65 years of age. Now do you believe that only nurses working on geriatric specialty wards require specialty training in the care of older people?