

Chapter 1

Growing Older

Introduction

It is expected that the global population of older people will reach 20% of the total population by the year 2050, but this figure will be reached by 2020 in the United Kingdom (The House of Lords Science & Technology Committee, 2005). The number of older people will continue to increase over the next 15 years and beyond. The number of people in England aged over 90 is set to double between 1995 and 2025 (Department of Health (DH), 2001). The projection for Scotland is that by the year 2030 there will be more people in Scotland who are of retirement age than there will be children. The biggest growth is expected to be among the oldest old; in other words, the number of people aged over 80 is expected to double by the year 2030.

People over the age of 65 constitute the largest patient population in and out of hospital. More than 66% of patients who occupy acute care beds are over 65 years of age (DH, 2001). In 1998/99, the National Health Service (NHS) spent approximately 40% of its budget on those aged over 65 whilst social services spent nearly 50% on the same group (DH, 2001). Older people are traditionally admitted to hospital more frequently and for longer periods of time than younger people (Standing Nursing and Midwifery Advisory Committee (SNMAC), 2001). The DH (2001, p. 6) states that 'older people often require more intense, more skilled and more specialised nursing than younger adults'. Therefore, nursing older people requires well-prepared nurses to identify and manage their needs whether in hospital or at home.

The reality for most ageing people is that they have relatively good health, activity and independence (Feldman, 1999), with the ageing process being perceived not as something to be glorified but neither to be irrationally feared. That people are living longer is something to celebrate, reflecting the real achievements of organisations like the NHS, social services and the voluntary sector (DH, 2001). The DH goes on to state that older people should no longer be seen as a burden on society as they have vital resources of wisdom, experience and talent.

However, when older people are admitted to acute care settings they and their carers are the least satisfied with the care they receive when they are acutely ill (DH, 2001).

Hospital admission itself can dramatically reduce the physical and psychological ability of an older person to self-care (Clark, 1998). A combination of actions such as infantilisation (treating older adults like children), fostered dependency, not listening or offering choices can all contribute to the objectification of an older person in care (Nay, 1998). Hancock et al. (2003) identified that hospitalisation for an older person is associated with a decline in health and increased dependency. This decline in health and associated loss of independence may prevent the older adult from being discharged home, making it more likely that they will have to be transferred into long-term care. In their study, Hancock et al. (2003) identified that nurses felt that they did not have enough time to provide all aspects of care to hospitalised older adults. This situation can easily be rectified by ensuring that more staff are available to care for the older population.

Nurse education specifically in the care of older people is vital if they are to receive the care they require. Older patients tend to present as more acutely unwell than younger patients and are more likely to be dependent on nurses because of co-morbidities. There is also huge pressure to discharge patients from hospital as early as possible in their pathway. However, this does not take into account the effects of the ageing process combined with the effects of stressors on the speed of recovery. Edwards et al. (2008) have identified that nursing students need to be prepared specifically to care for older people. It is imperative that nursing students have a thorough grounding in the care of older people as they will meet older people in most clinical settings in the hospital and in the community.

Drivers in the care of older adults

A number of drivers have been published to improve the care delivered to older people. One of the most influential drivers has been the National Service Framework for Older People published by the DH in 2001. This is a comprehensive strategy to enable the delivery of fair, high-quality, integrated health and social care services for older people.

The aim of this strategy is to support independence and promote good health for older people, and to try and ensure that older people and their carers are treated with respect, dignity and fairness.

The strategy rightly identifies that older people live for many years into retirement as fit and healthy individuals. Old age is described as beginning at 60 for women and 65 for men. Although entitlement to the state pension is in the process of being equalised so that by the year 2020 women will be entitled to the pension if they are 65 years old. However, the goals of health and social care policy are to promote and extend healthy and active life and to compress morbidity.

There are four main themes in the National Service Framework (NSF) (DH, 2001):

- Respecting the individual
- Intermediate care
- Promoting evidence-based specialist care
- Promoting an active and healthy life.

The Scottish Executive in 2005 produced the document *Building a Health Service Fit for the Future*, which puts forward a strategy to manage the shifting patterns of disease in an

ageing population in order to take account of the number of older people with multiple conditions, especially long-term conditions and for those with complex needs.

They identify the need to move from a reactive to a proactive approach and reduce the risks of some health problems or to manage them appropriately and that is the purpose of this book, to give nursing students the knowledge and the tools to manage older people's issues in order to reduce or minimise their problems.

Documents producing specific protocols and guidelines that are relevant to the care of older people have also been published. NICE Guidelines giving best practice for falls in older people were produced in 2004 (CG 21) while guidelines to promote older people's mental well-being have been produced in 2008 (PH 16).

The National Health Service Quality Improvement Service (NHSQIS) produce standard statements on a variety of nursing issues. The role of the NHSQIS is to lead the use of knowledge to promote improvement in the quality of health care for people in Scotland. They have produced standard statements for Nutrition in Older People in 2002 and Oral Health in Older People in 2005 among many others.

Activities of living

The framework for this book is based on the model of nursing originally described by Roper et al., in the publication *The Elements of Nursing* in 1980. This model for nursing based on a model of living has been used widely in clinical practice areas to guide the management of nursing care and has been used in many Schools of Nursing and Midwifery to aid students in the linking of nursing theory to nursing practice (Roper et al., 2000). Curricula have also been based around this particular model. The aim of the model is to identify the management of a patient by identifying patients' abilities to carry out the activities of living. The model is divided into two parts. Part 1 is the model of living and part 2 is the model of nursing. The model of living consists of five main components: activities of living, lifespan, dependence/independence, factors influencing the activities of living and individuality in living. There are 12 activities of living, and these are the activities that we carry out in order to live from day to day. The activities, although considered separately, do overlap. The lifespan is a continuum from birth to death. The dependence–independence continuum acknowledges that a person, depending on where they are in their lifespan, may not be able to be fully independent through stages of life or through illness. This continuum is inextricably linked to the activities of living. There are five factors that influence the activities of living and they include:

- Biological factors
- Psychological factors
- Sociocultural factors
- Environmental factors
- Politico-economic factors.

This book is based around old age in the lifespan. We emphasise the importance of maintaining and promoting independence in older people, and we concentrate on the biological factors associated with the ageing process. Not all of the activities of living have been utilised. As has already been stated, this is a book about the physiological aspects of ageing

and not all of the activities are relevant for this purpose. This book has been written around the following activities of living:

- Maintaining a safe environment
- Communicating
- Breathing
- Eating and drinking
- Eliminating
- Controlling body temperature
- Mobilising
- Expressing sexuality
- Sleeping.

The activities that have not been included within the book are:

- Personal cleansing and dressing
- Working and playing
- Dying.

The rationale for excluding these three activities are that the physiological effects of ageing for personal cleansing and dressing are included in other chapters such as mobilising and changes associated with the skin as well as oral health which is included in the activity of eating and drinking. There are no physiological effects associated with working and playing, although physiological changes in other activities may influence the ability to carry out activities associated with living and working. The process of dying has been excluded as it is similar for many people no matter their age, and the issues associated with dying are also similar.

Overall aims

This book should support the theoretical component of the undergraduate nursing curriculum relating to nursing older people. Undergraduate programmes in the United Kingdom provide an academic and professional qualification through integrated study of theory and supervised nursing practice in NHS and independent clinical settings. The curriculum should conform in the main to recommendations by the Nursing and Midwifery Advisory Committee (2001) regarding the achievement of fundamental skills required by Registered Nurses to meet the needs of older people. Gerontological education plays an important role in countering ageism; therefore, greater attention is required in relation to gerontological nursing within curricula, as how information presented can influence learning (Happell and Brooker, 2001).

The aim of this book is to describe the normal physiological effects of ageing. Every organism ages, and humans are no different. This book emphasises that the ageing process is normal and is not directly responsible for disease. However, some diseases and problems become more prevalent as we grow older and some disorders can be minimised or prevented. These issues will be addressed in this book. We need to appreciate that the

ageing body is efficient and effective in that there is spare capacity associated with most systems of the body that allow our body to cope with the loss of cells as we age and feel little effect from these losses. There are also efficient and effective compensatory mechanisms used by a number of the body systems ensuring that the functioning of the whole person continues often with no apparent (or perhaps minimal) reduction in ability.

Problems that are commonly found among older people are also considered including their assessment and management. It is not the purpose of this book to provide a comprehensive text on the disorders of ageing, but rather by selecting some common health problems of older adults, the reader will be able to make strong links between anatomy and physiology and the changes that occur in older adults.

This book is written with the intention of providing nurses and other health-care professionals with a comprehensive text relating to the ageing process. From the outset, we wish to make it clear that in this book we will focus primarily on the physiological impact of growing older; however, this is not to minimise the significance of the psychological, social and spiritual elements of human being. Lecturers too will find it useful as we believe that it is the only text of its kind that provides a comprehensive account of the physiological effects of ageing.

If there is one thing that we all have in common it is the fact that each and everyday we are all getting older. However, it is important to state at the outset that ageing is a normal process and does not necessarily lead to disease and disability. Ageing is inevitable and irreversible. However, it is acknowledged that with advancing age comes a decline in functional ability of each organ and system (Herbert, 1992). Nevertheless, individuals do not age at the same pace and within each individual, systems and organs age at different rates. Experience also tells us that the consequences of ageing vary greatly between individuals.

Lifestyle, environment and family history all play a part in how we age; however, how we each experience growing older is in part determined by our own philosophies and outlook on life. The following chapters will, we hope, prepare the health-care professionals of tomorrow to provide advice and care for older adults which will allow them to derive maximum benefit from their 'golden years'.

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