Care for the Elderly – A Case Study

In Australia, like most parts of the world, the term ‘older people’ refers to people above the age of 65 (Australian Institute of Health and Welfare [AIHW], 2007). Although there could be general definitions of old age, there is no certainty on when a person becomes old (World Health Organization [WHO], 2008). Moreover, as times passes, the population of Australia continues to age (AIHW, 2007). This is due to the country’s low fertility rate and increasing levels of life expectancy for both men and women (AIHW, 2007). The number will continue to rise along with the need of services and assistance the older population will require (AIHW, 2007).

Valuing the elderly people is important because they have contributed to the social order this generation is getting benefit today. In treatment of the elderly, health care providers, including nurses, are faced with the combination of therapeutic and psychosocial care (Australian Health Ministers' Advisory Council [AHMAC], 2005). According to demographic trends, older Australians are the group of people that are most likely to use health care services from heath care facilities and although there has been an improvement in the given services from the past years, there are still poorer outcomes in older persons hospital stays in comparison to the younger population (AHMAC, 2005). It is very essential that all healthcare services provided to the elderly must be accessible and adaptable to their needs, must optimize their health outcomes, promote independence, must advocate to their demands in health, and provide a supportive environment to during the decline and end of life (AHMAC, 2005).

Nurses, as a part of the health care team, have an important role in providing quality health care to the elderly people. It is essential that nurses rendering care to the elderly are equipped with proper knowledge and skills in order to provide safe and efficient care to the older clients (Brown, Edwards, Lewis, Heitkemper, Dirksen, O’Brien & Bucher, 2005). A holistic approach in taking care of the elderly people must be adapted by nurses, taking into consideration their complex needs, managing their present medical conditions, while focusing on the maintenance and improvement of their quality of life and prevention of deterioration in their health (AHMAC, 2005). Nurses must also take in consideration their client’s variations

in needs cultural, religious and sexual differences when treating and providing care (AHMAC, 2005).

The promotion of healthy ageing in Australia is provided in accordance with the individual differences of clients (Kralik & van Loon, 2008). The themes that the government has provided for maintaining health in the elderly include: reinforcing them with positive attitude in health maintenance, active physical and mental lifestyle, encouraging them in taking part of social networks, promoting independence and their right to choose, maintaining good nutrition, and developing coping mechanisms (Kralik & van Loon, 2008). In realizing that people from older groups are in need of support in the execution of these themes, a greater responsibility is placed in nurses to ensure these range of appropriate options are continuously available for older clients and there is active participation among them (Kralik & van Loon, 2008). This essay will discuss about an elderly client's case (see Appendix), which includes the client's health problems, risk and protective factors, and the interventions that will be applied in the situation that will help manage, improve, and maintain the client's health.

The first factor presented in the client's case is living alone after the death of a husband a year ago in a suburb in a metropolitan area. Although this client lives alone, the client still receives calls weekly and gets regular visits from her family and is also acquainted with the people from her neighbourhood. As argued by Walker and Hiller (2007), an elderly woman, whose family lives interstate and overseas but regularly gets calls and visits from them, stressed that while they take pleasure in contact with family, they also valued their independence, and that they managed to cope independently. Elderly women who are living alone also enjoyed their lives when they are living in a pleasant and stable environment (Walker & Hiller, 2007). Being in an urban suburb close to a metropolitan area, means that the client has access to a range of goods and services an urban area offers and opportunities for social interaction because the population in these areas are moderately dense (Wakerman & Humphreys, 2008). Moreover, elderly women are comfortable living alone if they have a degree of connection or interaction with friends and neighbours (Walker & Hiller, 2007). Although these relationships were described as fairly informal, a strong sense of support and concern is still emphasized by the women in associating in these social networks (Walker & Hiller, 2007). Women in an elderly age living along can see these relationships as reciprocal

or ‘give and take’ and viewed themselves as active parts of their society when provided support by family, friends, and neighbours (Walker & Hiller, 2007).

The client also keeps three cats that are well taken care of and aside from the presence of people in an elderly person’s life; the human-animal bond is a form of emotional attachment with the same benefits as close human relationships as argued by Winefield, Black, and Chur-Hansen (2008). The elderly get physical and psychological benefits from their pets have increased levels of exercise, improved general and cardiovascular health, are with less use of general practitioner services (Winefield, Black & Chur-Hansen, 2008). Although there should keep caution because having pets in a home can be a predictor of falls and fractures (Winefield, Black & Chur-Hansen, 2008). Additionally, some owners develop allergies, rashes, asthma, and a small risk of infections from companion animals (Winefield, Black & Chur-Hansen, 2008). The client must report immediately if indications of the following mentioned become present in relation to pet ownership.

High-intesity strength training such as going to the gym (like what the client does) is an effective way of improving muscle strength and is also very fundamental to the neuromuscular aspects of coordination which makes the older adults less likely to become functionally disable (Cancela, Varela & Ay´an, 2008). The client in the case scenario, however, does too much vigorous exercise and is suggested that a rest day between sessions is required for this type of training in the elderly to prevent health risks (Cancela, Varela & Ay´an, 2008).

The first condition the client had experienced is an increase in vertigo and intermittent hearing loss. As defined by Brown et. al (2005), Vertigo is a sensation felt by people of being moved and spinned when there is a sudden change of head position. With the increase of age, the stability of the senses disappears gradually (Brown et. al, 2005). Its most common symptom is dizziness and during attacks client may experience helplessness and confusion; the risk of falls in the elderly is very high (Brown et. al, 2005). Vertigo can be treated with medication and rehabilitation such as doing the Brandt-Daroff exercise which is a special exercise to help maintain the elderly’s sense of balance (Brown et. al, 2005).

Presbycusis, however, is a condition where one initially has a decreased ability to comprehend speech and, later, the capability to distinguish, recognize, and localise sounds (Gates & Mills, 2005). Hearing loss worsens with age and is considered a social and health problem in the elderly groups (Gates & Mills, 2005). This may affect the clients' communication with family members as the client reports that the incidences of hearing loss occurs in moments while 'on the phone'. Evidently, this condition affects older individuals' social and psychological conditions and it can lead them to social isolation, depression, and loss of self-esteem (Gates & Mills, 2005). Hearing impairment has also been related as another factor contributing to senile dementia (Gates & Mills, 2005).

Nurses' initial role in the care for vertigo and hearing loss is to refer the client to a general practitioner and audiologist so the clients may receive proper medical treatment (Brown et. al, 2005). Assistance in diagnostic tests should be performed by nurses to rule out other disorders and avoid diagnosis (Brown et. al, 2005). For vertigo, it is very essential for nurses to prioritize the safety of the client from falls. This can be done by home visits to the client's home every in an average of 3 to 4 months in a year by community nurses to ensure that there is an assessment of the elderly person's risk for falls at home, emotional support to the client regarding falls is provided, a detection of any untreated problems, and establishment of nurse and client rapport (van Haastregt, van Rossum, Diederiks, de Witte, Voorhoeve, Crebolder, 2005).

For hearing loss, hearing aids are the most common treatment for elderly clients (Brown et. al, 2005). Nurses should emphasize on educating the client on how to use and take care of these devices (Gates & Mills, 2005). Nurses also have to focus on listening on the clients concerns with their use of assistive listening devices and highlight its benefits to communicating with other people as the client may remove them thinking that it is aesthetically unattractive (Gates & Mills, 2005). Nurses must also discuss to the client other means of communicating with the family that may use the Internet such as video chatting since the client is often 'online'. Assistance in rehabilitation after the patient's treatment is also an important role of nurses as it helps improve the elderly's general health and quality of life (Gates & Mills, 2005).

The second condition the client had experienced is a short stay in a hospital due to gastroenteritis and dehydration. Gastroenteritis is a common non-communicable disease in the elderly caused by the ageing of the digestive system that weakens the production of the 'normal flora' which helps fight off viruses and bacteria in improperly prepared food and contaminated water (Brown, et. al, 2005). Dehydration is the most likely result of this condition after the digestive system gets inflamed and tries to flush out the waste it has absorbed by vomiting and diarrhea (Brown, et. al, 2005). Gastroenteritis is very easy to treat by rehydration but if not dealed with immediately, it can lead to serious health outcomes and even death (Brown, et. al, 2005). Moreover, a study by Suhr, Hall, Patterson and, Niinis (2004) proved that hydration status was related to performance in psychomotor processing speed and attention or memory skills.

Follow up care in the elderly should be rendered by nurses in order to reduce the risk of reoccurrence of the disease (Diskin, 2009). Nurses must educate the client to take their 'take home' medications, rehydrate by drinking plenty of fluids, eat bland food, and to avoid the intake of dairy products, alcohol, sweetened and caffeinated drinks (Diskin, 2009). In addition, it is essential that the client is advised to rest as much as possible to help speed recovery, prevent the reoccurrence of the disease by washing ones hands regularly, and the proper preparation of food (Diskin, 2009). If the elderly client is unable to provide oneself with safely cooked food, the nurse can arrange home delivered meals in the community (Diskin, 2009). Lastly, nurses must also educate the client of all reoccurring symptoms of the disease and seek medical attention immediately if these symptoms reappear (Diskin, 2009).

The last disorder given in the case of the client is a suspected 'degree' of dementia. Dementia defined by Varcarolis & Halter (2010) is the deterioration of a person's intellectual capacity which progressive and irreversible. It leads the affected to social and occupational impairment and with this condition, the sufferers experience some difficulties in comprehension, cognition and memory retention (Varcarolis & Halter, 2010). It impairs the people who have it in their performance in activities of daily living (Crisp and Taylor, 2009).

Many risk factors have identified dementia. Among them are medical factors (such as depression after a death of a loved one, vertigo, and dehydration in the client's case), demographic and hereditary factors (Crisp and Taylor, 2009). Until today, there is no clear

dissimilarity between the inclusion of memory loss in the normal process of ageing and the development of dementia (Corner & Bond, 2004). The public, most importantly the older adults, are confused and often leads to ignoring the early signs and symptoms of dementia thinking that it is a part of normal ageing (Corner & Bond, 2004).

Dementia is a condition associated with misunderstanding and social stigma and due to the lack of the proper information disseminated to the public (Corner & Bond, 2004). There is also a negative perception and stereotypes of dementia that is projected by the media as a debilitating and despairing disease (Corner & Bond, 2004). It develops a fear in the elderly people at risk for dementia that can produce more problems such as depression, making it hard for nurses and other health care providers to render effective care and give health education (Corner & Bond, 2004).

Nurses' initial responsibility in the client who is in risk of dementia is to give education about the condition (Beart, 2008). Most people feel confused and unprepared for what is coming in their future and this was partly because they lacked the knowledge about the disease (Beart, 2008). Nurses can also promote health promotion exercises or strategies and can hand out leaflets to the client (Beart, 2008). For the elderly, it is important for people to know the different approaches to dementia (Beart, 2008). The second role is to render care to clients using a patient-centered approach (Beart, 2008). Nurses and must not assume that every person affected with dementia has the same symptoms as any other sufferer of it, it leads a negative perspective between nurses and as result, could affect the quality of health care they give (Beart, 2008). And finally, nurses must help the client express feelings about dementia (Beart, 2008). Talking is the means most preferred by older adults suffering from fear of dementia and this can be achieved if a nurse-client relationship has been established (Beart, 2008). Aside from formal means of communication, informal ways such as proper facial expression, correct body posture and sense of touch should be observed by the nurse at all times in order to facilitate the client to express ones feelings about the condition (Beart, 2008).

In summary, ageing comes along with various challenges for the elderly, putting a lot of burden in the older adults' shoulders not only physically but also emotionally and socially. Having faced with these problems, it is essential for nurses to assist the older adults in a

holistic manner and approach them in a way that suits their age; focusing not only in treatment of conditions but also taking in consideration the clients' emotions. It not only ensures good health outcomes but it also improves the quality of life of the elderly people.

Appendix

Case Study

Olivia is a 75 years of age and lives in an outer Melbourne suburb. She owns her own house and lives alone following the death of her husband 12 months ago. She has three cats that are well fed and pampered. Olivia has been attending gym each day, has a personal trainer and regularly walks for 20 kms three times a week. She says that she never feels lonely and always finds someone to talk to when she is out walking and swimming at the local heated pool. Her family is settled in other areas of the state and they visit each other monthly and right weekly. If they are in Melbourne for other things they usually call in and see her. Olivia has had increasing vertigo and intermittent hearing loss that she describes as annoying when she is 'on the phone.' She had recently had about of gastroenteritis which made her quite dehydrated and she required a short stay in hospital. Olivia keeps mentally active by reading, completing, crosswords, brain games and using the Internet. She is concerned that she is getting dementia as she forgets things easily. The GP is concerned that there is a degree of dementia and wants to send Olivia for more tests. This is frightening for her as she has always been mentally active and managed a large business until her retirement at 70. Olivia believes that she has excellent health and does not take any medication.

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