EDITORIAL

Nurses’ perceptions of elderly patients

For a long time, gerontologists have expressed concern that negative stereotypes of elderly people and of work in gerontology pervade our culture. Such stereotypes have affected recruitment of clinicians in all health-care specialties.

Researchers have studied the problem from a variety of perspectives, examining the structural factors that make the work difficult and unappealing [1]. They have looked particularly at the societal and cultural roots of disparaging views of older people that form the context in which young people entering the health professions make their career choices [2].

In this issue of Age and Ageing, Cooper and Coleman report their use of personal construct theory to re-examine this topic among nursing staff [3]. Personal construct theory posits that people continually ask questions of their world in the hope of making sense of it and, in turn, develop constructs that explain what they expect to occur [4, 5]. Cooper and Coleman’s study elicited from nursing staff constructs which they used to produce repertory grids upon which patients were graded. Patients were also rated according to a popularity scale.

I found three of their findings particularly compelling: nursing staff’s perception of patients by dependency, the differences in perceptions between staff nurses and health-care assistants, and participants’ attitudes to patients with dementia.

Perception by dependency

Cooper and Coleman report that patients are most commonly perceived by nursing staff in terms of mental and physical dependence. As Nay found, the physical demands of caring for elderly institutionalized people are heavy, and in pressured, short-staffed environments, priority is given to the accomplishment of tasks of physical caring [6]. Attending to patients’ hygiene, nutritional intake and mobility may consume all of the nurse’s time. A charge nurse is responsible for seeing that these tasks are completed under her or his watch, so it is not surprising that the physical and mental limitations in patients’ abilities to accomplish or assist with these tasks become the primary lens through which patients are viewed.

Health-care assistants

A second finding of importance is that health-care assistants were more likely than staff nurses to perceive patients in terms of their personality.

It is interesting that the health-care assistants—who, as the authors point out, performed most physical care duties, were less likely than the staff nurses to see their patients primarily in terms of physical and mental dependence. Perhaps, despite their focus on tasks of physical care, health-care assistants’ proximity to patients allows them to get to know people better and have a better sense of individual personalities. Such proximity is not available to staff nurses, who are distanced from the patients by their leadership roles and by situational constraints (particularly staffing shortages).

As Pursey and Luker have pointed out, the development of relationships with older people is essential to providing a context that allows for individualized caring [1]. Yet, too often the supervisory structural setting incorporates a ‘routine geriatric style’ that is primarily focused on tasks of caring for the body. Moreover, insufficient staffing creates tremendous time pressures that do not allow nurses to develop relationships with their patients, let alone with patients’ relatives. The structural set-up is such that relatives of elderly patients feel passed over and not included in their care [7]. Under such conditions, staff nurses are deprived of relationships that might bring them greater rewards.

Patients with dementia

Finally, the finding that popular patients were uniformly defined as mentally intact indicates the need to help caregivers find meaning and satisfaction in caring for people with dementia.

Normann, Asplund and Norberg found that registered nurses with more than a basic education were more likely to choose a personhood-focused approach in dealing with demented patients (over a reality orientation approach) [8]. Their work supports the power of education to broaden and deepen the nurses’ repertoire of responses to the person with dementia.

While reality orientation is very useful in some cases, and clearly helps to reconnect certain patients with the world at hand, it is not always helpful for patients with severe dementia. There are no simple formulae for effective responses to the challenging behaviours of demented patients, yet skilful caregivers find ways to impute meaning to the behaviour of even the most impaired residents and to find satisfaction in their skill at doing so [9]. Nurses need help in experimenting with different approaches to dealing with demented patients, and recognition for creative approaches that work.
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This study highlights the need for nurses to develop more positive attitudes toward elderly patients. The importance of psychosocial care is often undervalued in the current health-care milieu. Simply talking to patients is not really considered 'work'. Yet it is just such talking, which may require the development of finely honed communication skills, that can allow the nurse to get to know the patient as a whole person, not just a set of physical limitations to be cared for. Satisfaction in nursing comes from such a holistic approach, and may help to retain more people in the field.

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References


