

Confronting Issues and Future Perspectives in Gerontological Nursing

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キーワード

老年看護, 高齢社会, 知識基盤, 老人, 専門職としての連携

gerontological nursing, aging society, knowledge base, the elderly, professional cooperation

老年看護の課題と将来への展望

要 旨

老年看護が抱えている現状の課題と将来への展望を明らかにすることを目的とし、次の4点から論述した。はじめに急速な高齢社会の到来と看護の課題、2つめは老年看護に関わる知識と技術の発展、3つめには高齢者理解のための理念、最後に高齢者ケアの場における関連職種との連携、そして地域社会とのつながりにおける老年看護の発展についてである。

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Abstract

The purpose was to clarify issues of the present status of gerontological nursing and present future perspectives. This paper focused on four aspects of gerontological nursing - the rapid increase of the aging society, the development of knowledge and technology, a philosophy for understanding the elderly, and professional and community cooperation with regard to the development of gerontological nursing.

*This paper was presented by Kikuko Ota at "ICN Centennial Celebrations", Nursing Older People Programme on June 28, 1999, Westminster Central Hall, London.

Introduction

In this paper, I am clarifying issues of the present status in gerontological nursing and presenting future perspectives. I focus on four current and coming aspects of gerontological nursing. The first is the rapid increase of the aging society and issues in gerontological nursing. The second is the development of knowledge and technology in gerontological nursing. The third is a philosophy for understanding the elderly. And lastly, the cooperation with related other professions and cooperation with the local community with regard to the development of gerontological nursing.

The Rapid Increase of the Aging Society and Issues in Gerontological Nursing

The population of the world has been growing at an enormous rate since World War II, reaching 5.85 billion in 1997. Japan has the eighth largest population in the world with one hundred and twenty million.

The average life span in Japan is 77 for men and 84 for women. We have one of the longest living populations in the world. The proportion of the elderly over 65 in our population was 15.7% in 1997. This proportion is estimated to reach the highest in the world by the year 2000. However, for the rate to double from 7% to 14% in Japan took a mere 24 years, the world's shortest. We will be experiencing at the beginning of the 21st century, an aging society such as has never before been experienced. The background to this is the longer life span due to improvement in national health and living standards. The other contributing factor is the drop in birth rates with a tendency for a smaller number of children in a family.

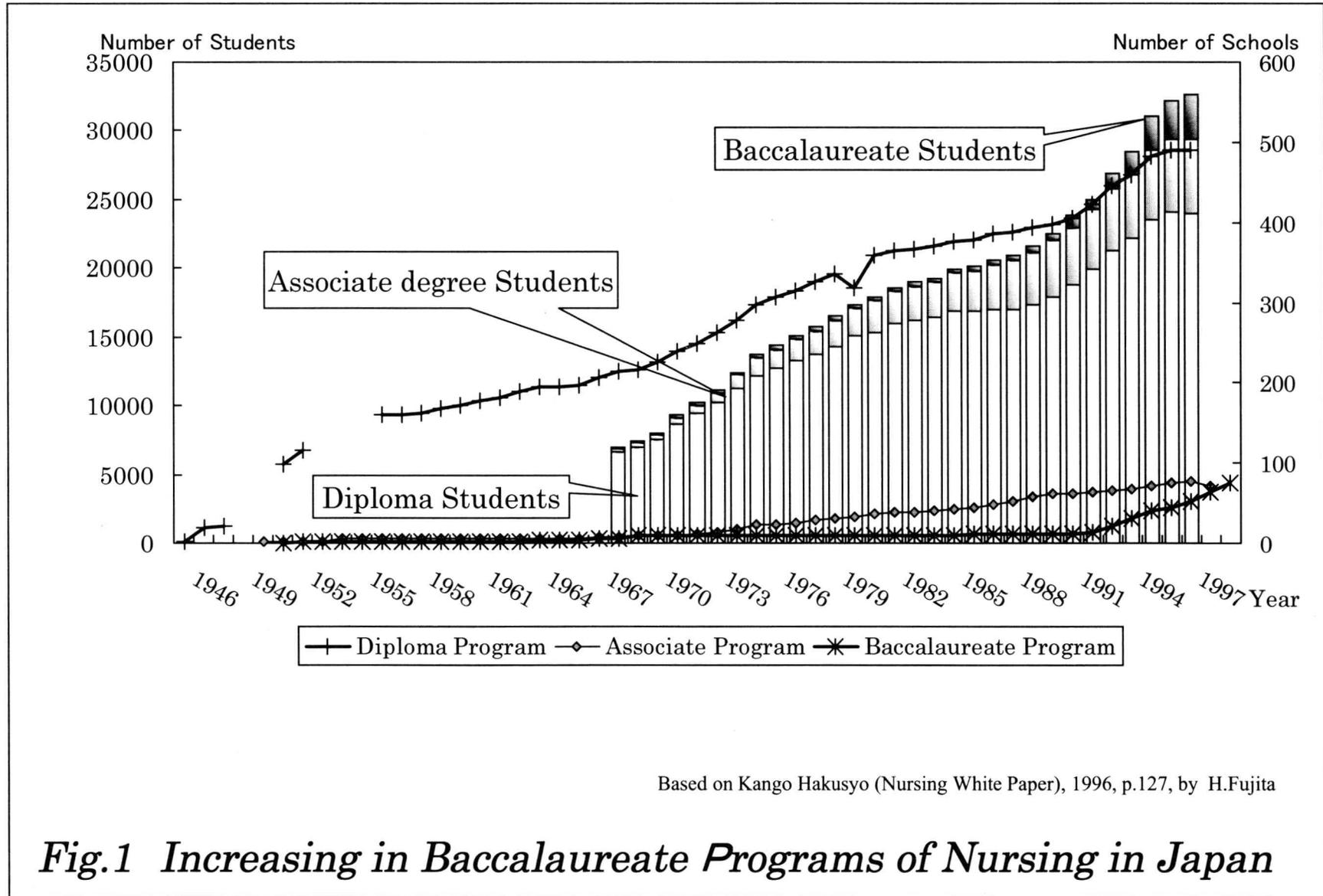
With the growth of the old-aged population, the number of aged such as the bed-ridden, demented, and physically weak needing support is accelerating. This number was 2 million in 1998, but is estimated to reach 2.8 million by the

year 2000. As society progressively ages, the present Japanese health and medical welfare system is pushed beyond its capacity. The present old-aged welfare system does not allow for users to choose among different services, and the government decides the kind of service and care provider the elderly are eligible for. The old-aged health system is also related to long-term inpatient care in general hospitals leading to the increase in medical fees. This is the problem of inefficiently provided health and medical services, calling for reform. A new system will be enforced as of April 2000, which will enable a comprehensive use of the long-term care services in health and welfare by means of a social insurance system.

So far as nursing is concerned, in the past we did not have a sufficient number of professional or qualified personnel in the field of geriatrics. Therefore gerontological nursing was not established as an independent field of nursing.

Looking at changes in nursing curricula, it was in 1989 that the regulations for nursing education were amended to include gerontological nursing as an independent area of nursing, derived from adult nursing. Recently, by increasing the number of baccalaureate nursing programs, we are started to produce nurses who can meet the needs of an aging society (Fig.1). The number of these baccalaureate programs has increased despite the decrease in the number of the younger generation enrolling in schools, increasing in about 10 years to over 70 at present.

The Japan Academy of Gerontological Nursing which has integrated the practice, education and research in gerontological nursing was established in 1995. This was the first step towards establishing gerontological nursing as a field of study.



Development of Knowledge and Technology in Gerontological Nursing

In order to establish knowledge and skills bases for gerontological nursing, we are making efforts in all aspects of practice and education. Until now, experience and knowledge for gerontological nursing was acquired in the process of care giving. We must clarify and codify the experience accumulated, and at the same time also substantiate the effect by trying out new things based on theory. For a scientific basis of nursing care, we need to codify the practice of expert nurses and also verify theory-based practice. To achieve these two aims, research activities are indispensable.

Research conducted to improve nursing and clinical practice can utilize the fruits of research in order to choose the most validated alternative (Fig.2). Furthermore, a cooperative relationship between researcher and clinical practitioner can work towards building a theory in nursing. For nursing as a practical science which constantly aims for improvement in quality, coordination among practice, research and theory is a matter of the greatest importance.

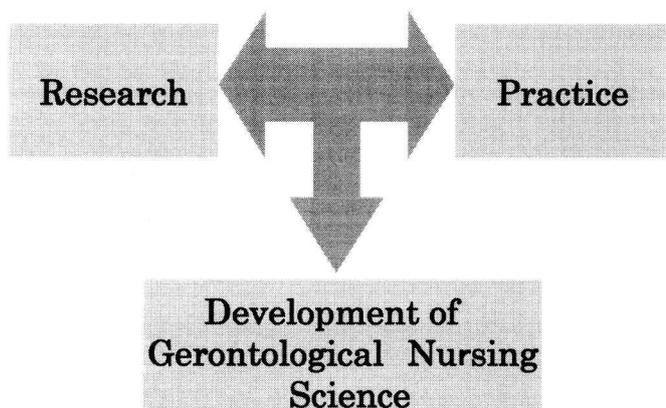


Fig.2 Development of Knowledge and Technology in Gerontological Nursing

Philosophy for Understanding the Elderly

The elderly must be respected as individuals and their rights must be protected. However, looking

at the actual situation, I have doubts as to whether the elderly are respected at all times and their intentions adhered to.

In gerontological nursing, I think we can say that we need to promote respect for the rights of elders, which is also a problem we face in gerontological nursing. The rights of the elderly are indeed susceptible to violation.

The ethical issues in actual clinical situations in gerontological nursing indicated by four experts (as researchers, teachers and caregivers) were classified in the following categories (Table 1).

Table1 Ethical Issues in Gerontological Nursing

- Informed consent**
- Self-determination**
- Privacy**
- Physical restraint**
- Abuse**

(The Nursing Ethics Meeting at the 1997 Japan Academy of Nursing Science)

We asked for five topics from each of them. This is an excerpt from the Nursing Ethics Discussion Meeting at the 1997 Japan Academy of Nursing Science.

The first is informed consent and self-determination, which includes the topic of how informed consent is being carried out in actual situations of medical care for the elderly, and how nurses are involved in the process. In Japan, there are frequent instances of an elderly patient's medical situation being explained not to the patient him or herself, but to the family which then makes a decision on a treatment option independent of the patient's knowledge, input, or control. How the self-determination rights of demented elders

are protected is another issue requiring resolution.

Nurses must be conscious of the fact that they should protect the will of the elderly whose rights are easily violated. Further, they must adopt and carry out measures from the perspective of the elderly.

In order to actualize ethical consciousness and methods of care in nursing, systematic and concrete education must be provided. Ethical problems arise not only in special cases, but also in every aspect of day to day involvement with the elderly. I think it will be necessary to build a system where ethical problems are not overlooked, with nurses and the care facility itself evaluating their everyday care giving.

Furthermore, in understanding the elderly, society as a whole must change its values. In the present supremacy of efficiency, the elderly are useless and therefore of a lower value in society.

A famous Japanese mathematician has made the following statement based on his own experience. "What can the elderly do? It is difficult to answer this question in one word. But in the great scurry-hurry age they can provide ease." (Tsuyoshi Mori, 1999) I think this expresses the values of the elderly. No one can live without latitude.

A recently born neologism in Japan is "rojinryoku" (Genpei Akasegawa, 1998) or the power of the elderly. This term expresses the natural deterioration of memory and other abilities as a source of power; a positive rather than negative recognition of the deteriorating functions. If expressed as the growth of aged power, aging is nothing to be ashamed of. The elderly can feel confident about the situation and lead satisfying lives.

Allowing for these various values to coexist and clarifying the reason for nursing the elderly, will lead to true understanding of the elderly.

Cooperation with Related Other Professions and Cooperation with the Local Community

Lastly, I discuss about the development of gerontological nursing with the cooperation of the other related professions and the local community in caring for the elderly.

In most of the locations where care is given to the elderly, people other than nurses are providers. In order to improve the quality of care, cooperation among the different professions is important. Nursing must further clarify its the responsibility for maintaining elderly health, divide roles with other professions and cooperate as independent professionals.

The healthy life desired by the elderly is to live in their own homes while using necessary facilities and services in accordance with their conditions. To support these activities, care in facilities and the local community should be integrated with the elderly at the center, and necessary care should be provided dynamically.

We must also cooperate with the local community, with plentiful human resources. Many of the elderly in the community are still active and healthy, and will be able to help out in supporting other elders. We approach an age where the elderly must take care of themselves, so healthy elders can maintain their health condition and also work toward the early discovery of illnesses. In dealing with the agingsociety, from a nursing perspective, we should support the elderly. We must also look for the establishment of a community care system by which ties with the local community will be developed.

Conclusion

There are many issues in gerontological nursing. But we can view the future perspectives from the issues (Fig.3). This chart indicates the future perspectives in gerontological nursing. To inquire into

these perspectives, the development of knowledge and technology in gerontological nursing can be built upon the cooperation between research and practice.

In order to improve the quality of healthy life of the elderly and to form a society of symbiosis with the elderly, we would like to emphasize the importance of the network that exists between gerontological nursing specialists around the world and continue our efforts in our day to day work.

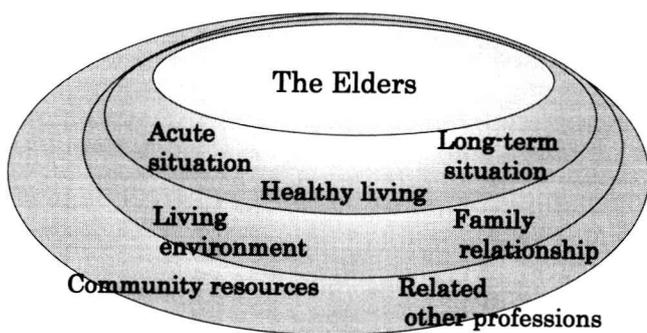


Fig.3 Perspectives in Gerontological Nursing

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