Training Nurses to Care for the Elderly

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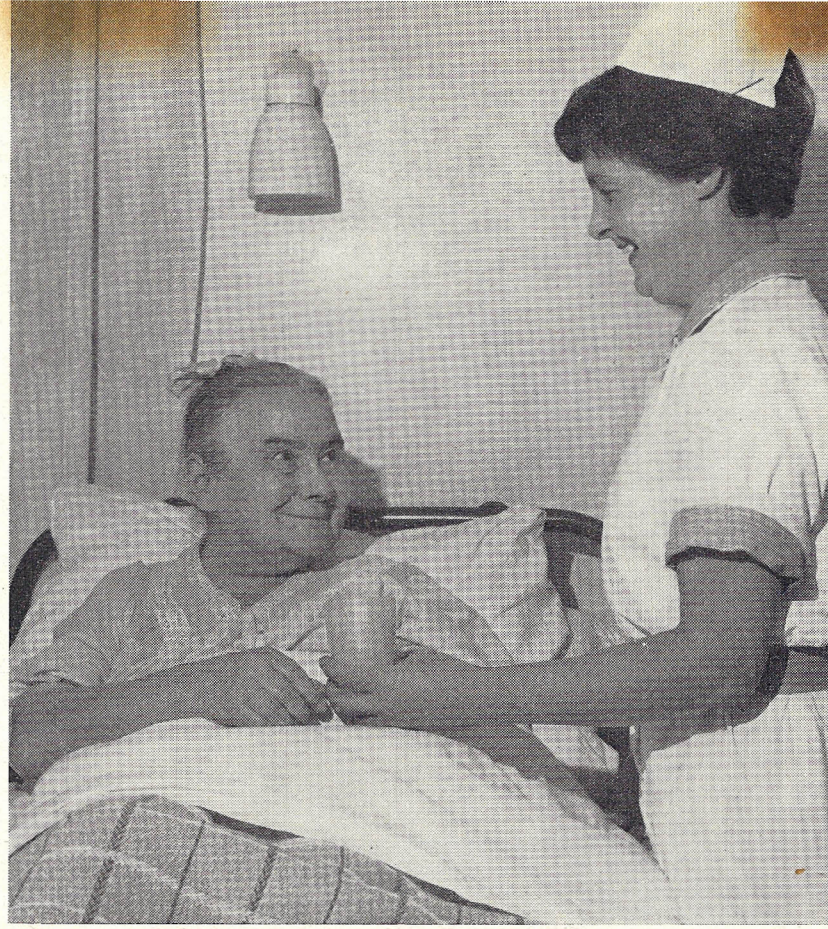


Caring for the elderly, especially the elderly sick, provides society with one of its greatest problems today

Caring for the elderly is so wide a subject that to talk about every avenue open to the nurse would be quite unprofitable in a short article. I therefore wish to concentrate on the hospital service which tends to treat elderly people who are either very ill or have social problems.

There exists great confusion in the medical and nursing professions regarding the true definition of the term geriatrics. My own definition would be 'the whole medical, nursing and social care of persons of pensionable age'. This may or may not include chronic sick but they must be in the pensionable age group.

Present Position

To know if staff in hospitals need specialized training in geriatrics it is necessary to ascertain the conditions existing in hospitals at present, to see if training could be of lasting value.

In many large industrial conurbations there are old hospitals built 70 to a 100 years ago, many understaffed because not only is the work unattractive, but conditions existing in these old buildings do not appeal to the larger numbers of nurses. Money available in the past has been scarce so that equipment and accommodation are poor. Where these conditions still exist it is perhaps wise to believe that the hospitals concerned should be rebuilt or upgraded before training is contemplated.

Conditions Necessary to Impart Knowledge

1. STAFF RATIOS

In staffing geriatric hospitals the type of accommodation available is important. In new hospitals there is a tendency to provide rooms rather than large wards, with the result that observation is more difficult and the distance covered by staff is greater. My own experience in such a hospital was that to provide adequate staff to rehabilitate patients, the following ratio had to be applied:

Day Duty: up to 30 patients ... two patients/one nurse
30-40 patients ... three patients/one nurse
Night Duty: six patients to one nurse

The term nurse includes all staff engaged on wards and departments (from departmental sisters to nursing auxiliaries). The ratios may seem heavy but the following facts need to be borne in mind. Holidays, average sickness (two weeks per year) and a 42-hour week were included in the ratios. The same applies to night duty; the nurse who works four nights on duty, only works for 49 per cent. of the nights available in one year, sickness and annual leave included.

With the above ratios a new hospital in the Midlands produced the following figures over the first 11 months of activity:

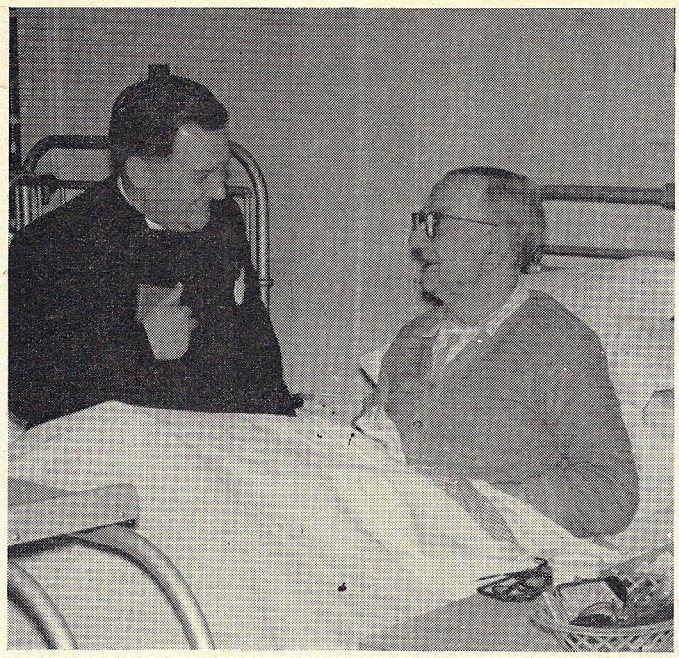
Average daily occupied beds ...	72
Admissions	374
Discharges	189=50 per cent.
Deaths	83=22 per cent.

2. GERIATRIC CONSULTANT

With a geriatrician on the staff, teaching becomes more of a necessity. The geriatric consultant will wish to give specialized, concentrated treatment to the elderly patient and must have a good team to rely on to carry this out.

3. PROPER AND ADEQUATE EQUIPMENT

To assist in the rehabilitation of the patient, modern equipment is essential. It eases the strain on staff and produces an efficient working atmosphere.



'The chaplain . . . should work very closely with the geriatrician and the ward team'

4. PHYSIOTHERAPY AND OCCUPATIONAL THERAPY

Both the physiotherapist and the occupational therapist help to produce the necessary impetus to train a well-knit team in the hospitals. There must be complete confidence in each other's contribution. Occupational therapy must be more than divertional therapy; it should prepare the patients to cope with everyday affairs at home.

5. A HAPPY AND RELAXED ATMOSPHERE

Possibly the most important principle to be applied in a geriatric hospital is a much more informal approach to the staff and patient. This has to be skilfully done so that the patient still keeps his individuality and independence. Nothing retards recovery more than the rush and bustle of a highly geared enthusiastic ward team. The patient's mental capacity is reduced, and a quieter, slower pace is needed to give confidence and a new purpose in living.

Specialized Training or Experience

Whether specialized training or experience is necessary depends on the grade of person in the ward team. The definition of training can be expressed thus: 'to bring to a state of proficiency by prolonged instruction and practice,' while experience is: 'to gain a practical knowledge by trial or observation'.

It is interesting to note that the Rcn recently decided not to ask for a compulsory three-month period of training for the student nurse within her period of three years, but to leave the position as it is at the moment where the nurse may receive three months' experience. This is because so many demands are already made by other specialties. I would endorse this view.

There is a great drive to make every field of work a separate specialty in nursing. This may be a desirable thing in some kinds of work but not, I would suggest, in geriatrics. Specialized experience is required for student/pupil nurses who will normally have three months in the geriatric field, if her hospital has a proportion of geriatric beds, and experience of a short period for trained staff wishing to take up this work. The reason is that during training, basic principles are taught involving observation and technique and it is by observing the different application of these that confidence is gained to care for the elderly.

In another paper[1] I have pointed out the definite need to separate the geriatric patient from the acute hospital so that maximum care can be given, such as prolonged mealtimes, treatment of incontinence, care of pressure areas, and the problem of hypothermia.

Specialized training is necessary for untrained members of the ward team, that is nursing auxiliaries. This is best carried out with suitable simple study periods by the hospital concerned, as an apprenticeship system.

May I, therefore, answer the question that is often asked today: 'Is there a need for another grade in the hospital service?' If the hospital has liaison with the district nurse, health visitor, welfare officer, and ward team; if case conferences take place with the geriatrician and he teaches his team; if the chaplain and relatives are included in the team, then I would say no. The chaplain offers a very necessary and vital service to the patient and should work very closely with the geriatrician and the ward team. Where patients are showing great improvement, but will need considerable help at home, relatives should be trained where appropriate. Husbands or wives could stay at the hospital over the weekend learning to cope with the new situation.

The system I have quoted should be sufficient to give excellent specialized care, speedy recovery where possible, and maximum turnover of beds.

[1]CARR, A. J. Compulsory Geriatric Nursing? *Nursing Times*, January 1, 1965, p. 33.

A 'Well-woman Clinic' for Dumfries

A clinic for cervical cytology, known as the Well-woman Clinic was started in Dumfries in April, 1965, by the medical officer of health as a result of the initiative of the Area Department of Obstetrics and Gynaecology and Area Department of Pathology and with the co-operation of all the general practitioners in the area. It is open to all women between the ages of 20 and 60, of whom there are approximately 7,000 in the town, and has been given publicity by the local press in feature articles and editorials.

The clinic, which is held once weekly on a Friday evening, has met with a most encouraging response. After 18 clinics, some 1,450 women have been tested and 300 still await appointments, which continue to come in daily. Individual appointments reduce waiting time and this has undoubtedly played an important part in the good response. Approximately 80 women are examined at each session at an average rate of 30 each hour.

Staffing at the clinic is by a woman doctor, three trained nurses and a secretary. The medical officer of health sends each woman a letter within two weeks of the test informing her if the result is negative. Should the result be suspicious or positive the woman is visited by her family doctor or health visitor and future investigations explained to her.