Gerontological Nursing Research: Challenges For the New Millennium

May L. Wykle, PhD, RN, FAAN

At the November 2000 conference of the Gerontological Society of America, May L. Wykle, PhD, RN, FAAN, FGSA received the Doris Schwartz Gerontological Nursing Research Award for her significant contributions to research in gerontological nursing. Dr. Wykle is dean and Florence Cellar Professor of Gerontological Nursing of the Frances Payne Bolton School of Nursing at Case Western Reserve University, Cleveland, Ohio, where she is also director of the University Center on Aging and Health. Dr. Wykle is currently president elect of Sigma Theta Tau International.

Dr. Wykle has received grant funding for research on caregiving, geriatric mental health, stress and self-care. In addition to this funding, she has had numerous funded training programs in geriatric mental health and gerontologic nursing as well as a program grant for the Robert Wood Johnson Teaching Nursing Home Program.

Dr. Wykle has published extensively on the results of her research, gerontological nursing and minority issues. She has written six edited books, and three of these have received the American Journal of Nursing Book of the Year Award. One of these books, Serving Minority Elders in the 21st Century, also has received acclaim by other organizations and book reviewers.

For Dr. Wykle’s contributions to nursing and gerontology, she has received numerous teaching, nursing and research awards. Some of these awards include the Founders Award from Sigma Theta Tau and the Humanitarian Award for Outstanding Contributions to the Nursing Profession. For her contributions to nursing, Dr. Wykle was selected as a fellow of the American Academy of Nursing, and for her contributions to gerontology, she was selected a fellow of GSA.

Dr. Wykle is a well sought after consultant to public, private, and educational institutions and organizations. She was a delegate to the 1993 White House Conference on Aging, and the first Eminent Pope Scholar and trustee of the Rosalynn Carter Institute.

The contributions of Dr. Wykle to gerontological nursing are too many to fully describe here. However, she has demonstrated continuing commitment and leadership to gerontology and nursing that led to receiving the Doris Schwartz Gerontological Nursing Research Award.

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It was indeed a great honor, with special meaning for me, to accept the Year 2000 Hartford Institute/GSA Doris Schwartz Gerontological Nursing Research Award. According to Drs. Ebersole and Hess, the current foundation of gerontological nursing was built largely by a small cadre of future oriented nurses who understood the special health care needs of persons who are aging. Dr. Doris Schwartz was one of those unique and very special nurses. We are grateful for her tireless persistence and vision of what gerontological nurses could accomplish for the successful well being of elders. It is not surprising that gerontological nurse researchers have fostered many of the recent advances in basic geriatric care.

THE SHIFT FROM ACUTE TO CHRONIC CARE

The unprecedented increase in longevity among older adults has been both a bane and blessing. Living longer has always been a goal of human beings but living longer with chronic illness and disability is not an easy journey. Data show that illness manifestations and care needs of older adults differ from those of younger persons. The shift or movement from acute care to chronic care with periodic exacerbations of acute illness brings a new perspective to health care delivery for elders in America. Chronic illness disability is the major cause of impairment and
functional dependence among United States citizens. This transformation calls for a change in the focus of gerontological nursing research and practice.

To chart a speedy and accurate course into the future, we need creative, able, nurse leaders and researchers who will advance the gerontological nursing profession. Today’s consumers of nursing care and nursing research are calling for— if not demanding—cost-effective care, competent care providers and professionals who will meet the unique needs of elders. While 80% of elders needing care are cared for at home, 46% of hospitalized patients are admitted for acute exacerbations of their chronic conditions—chronic conditions that gerontological nurses can manage well. The task is to reable and return them to their highest level of functional independence using evidence-based nursing strategies.

Therefore, gerontological nursing research outcomes are critical for the 21st century nurse. Using protocol-generated guidelines derived from research, nursing practice will be based on scientific principles and documented outcomes. In the scientific world, where there has been an explosion of information, knowledge and technology, nurses have a responsibility to examine the science underpinning all nursing interventions and advanced practice models.

GERONTOLOGICAL NURSING RESEARCH

Vignette:

Walking into a nursing home just a few years ago, one would likely see a number of elderly persons tied in chairs or beds, locked in specially constructed geri-chairs, or restrained in wheel chairs. These individuals would remain in a restricting position for most of the day. Not only did you see them pulling on their restraints, but on anybody who walked by begging for attention to their plight. This is seldom seen today. Most nursing homes are restraint-free and geri-chairs are considered dangerous and illegal. This humane change comes about because of nursing research on untiring elders, even though practitioners said it could not be done safely. Restraint research was conducted by gerontological investigators such as Lois Evans, Neville Strumpf, Mary Kaufmann, Carter Williams, and Lorraine Mion. Most of the recent changes in the care of elders, changes that provide symptom relief and foster independence, have come about because of gerontological nurse conducted research—(many of those researchers are here this evening). This research includes decubitus care, exercise, incontinence, sleep, nutrition, eating, dressing, cognitive impairment, anxiety, depression, elder abuse, caregiving, and end-of-life care. The Robert Wood Johnson Teaching Nursing Home project directed by Dr. Mathy Mezey some 15 years ago, focused on knowledge development in gerontological nursing, as well as the involvement of faculty and students in nursing home clinical practice and research. This ambitious project paved the way for many of the practice changes seen in nursing homes today.

FUTURE RESEARCH AGENDA

Gerontological nurses will continue to set priorities for a common nursing research agenda that can be applied to gerontological nursing worldwide. I would like to make some recommendations based on my own research agenda.

FAMILY CAREGIVING

We need more research on elder care resources that are community focused and home care based. In a research project, when I asked family caregivers and care recipients where is the best place for the care recipient to be, both said home—home is the best place. Dr. Jack Nottingham, former director of the Rosalynn Carter Institute at Georgia Southwestern State University, questions using the term family caregiving and says that it is somewhat misleading since family members rarely share equally the burden of caregiving. Nevertheless, health care professionals have neglected the health of family caregivers who are often saddled with a major caring responsibility. We have had little research on actual informal caregiving practices carried out in the home, and very little about family dynamics and relationships around that care.

Evidence exists that points to caregiver burden, stress, and poor caregiver health (physical and mental)—but limited research has been conducted on psychological interventions or service use by caregivers. Interestingly, the entire health care delivery system in this country depends on unpaid family caregivers. Costs relative to their sacrifices, family conflicts, and mental health or loss of employment, are not well known. For example, acceptance said to be useful as a coping skill, is expected of caregivers, but how healthy is it. Acceptance is a dynamic changing process, as is caregiving that can be long with care tasks changing over time. At present, it is unclear what a healthy pattern of acceptance may be over a caregiving trajectory. Acceptance is an act in process, not a final goal or outcome. It is more helpful to caregivers when acceptance is viewed as a way of interacting with a dynamic, changing situation, rather than stationary. Longitudinal follow-up studies are also needed on both the physical and mental health aspects of caregiving and finally, care managers should be developed to educate caregivers about decision-making, stress intervention, resource utilization, and coping skills.

HEALTH PROMOTION

Health promotion and disease prevention for individuals, families, and communities should be a top priority on the nation's health care agenda. Only recently has there been
much emphasis placed on the health promotion of elders, particularly for older adults in long-term care institutions. A major part of care under the management of chronic illness is to educate and promote healthy lifestyle habits. The choices for elders are either to let your body wear out, rust out, or live out.

There are basically two ways of increasing longevity—one is through health promotion and disease prevention and the other is through basic biomedical research. Health promotion is a dual responsibility that is shared between the individual and society. It is up to individuals to lower their lifestyle risk and for society to educate the public and support health promotion research. There is much to learn about health promotion among older adults and among minority elders, in particular. If adults could extend their health span to parallel their life span, they could save millions of dollars collectively in health care costs and productivity. If we could delay physical dependence by 1 month for those over 65, this country would save five billion dollars a month, according to Robert Butler, former director of National Institute on Aging. Nurses can help older adults by overseeing changes in health care priorities that would enable citizens to age with dignity, maintaining their productivity and independence.

DIVERSITY

We need more gerontological nursing studies in the area of diversity. Race, gender, and culture are critical factors that help determine the quality of life for seniors. Minority populations, separately and together, are increasing faster than the majority population. This older population will continue to be diverse and the growing diversity will have implications for future research and policy development. Ethnic and religious differences across majority and minority elder populations create still more diversity, generating questions about the plight of minorities in the community. The more sensitive we are as researchers to all differences in our study participants, the better researchers we become. The growth in cultural diversity should not be met negatively or with indifference, but rather embraced fully and accepted as an opportunity for improving care.

INTERDISCIPLINARY RESEARCH

Twenty-first century gerontological nurse researchers will experience the development of true shared interdisciplinary research activities. This change will be brought about because of the complexity and multiplicity of problems and issues in health care that require multidisciplinary input. This opportunity for collaboration will benefit older adults and foster better interpersonal relationships with health care team members and respect for each other's contributions.

GERONTOLOGICAL NURSING CLINICAL PRACTICE

Nursing practice will be the critical pivot for utilizing gerontological nursing research findings. Finding ways to help researchers with dissemination of their findings and helping nurses confront barriers to research utilization has always been problematic. The development of academic learning environments in the clinical area, such as those proposed by the Veterans Administration, would be exciting. A clinical academic environment at the clinical unit level would become a model for integrating scholarship, education, and research into practice. Again, we need research to test various models for providing evidence-based practice. Dissemination and utilization of gerontological nursing research findings are best done in an academic clinical environment.

LONG-TERM CARE

Long-term care for older adults, while it has improved—and there are even pockets of excellence—needs much more well designed research before we can be comfortable with the quality of care. Caregivers who place their loved ones in long-term care institutions are still reluctant to do so. Research into staffing patterns and numbers relative to nursing staff mix, are just beginning to be examined. End-of-life care, interventions for behavior problems, and physical care activities are all under studied. In addition, ways of attracting a pool of nurses to employment in long-term care settings continue to require study, although we can do more in our basic nursing programs to teach about elder care. Unless we attract more students to gerontology, we will not have the necessary cadre of gerontological nurse researchers who can make a difference in the lives of older adults.

CLOSING

I am very heartened by activity across the country to improve the longevity and quality of life for our seniors. I am very grateful to the Hartford Foundation and to Drs. Mathy Mezey and Terry Fulmer for their commitment and hard work to improve the field of gerontological nursing. I feel a sense of belonging and appreciation for all of my friends and colleagues in gerontology. Thanks to Dr. Joyce Fitzpatrick, who started me on a research career; to Drs. Kathleen Buckwalter, Beverly Baldwin, and Lois Grau, the first Geriatric Mental Health Academic Awardees in nursing; to Dr. Diana Morris, who suffered with me through many RO1 proposal drafts; and, a special thanks to Dr. Barbara Haight, whose research on reminiscence and story telling has strengthened my ability to work with elders and to tell my own story. Thanks also to a very loving and supportive family who is always encouraging, and above all, to my Maker, who apparently, had a great research plan for me and makes my work possible.