

Perspectives in Nursing Management  
and Care for Older Adults

*Series Editors:* J. Santy-Tomlinson · P. Falaschi · K. Hertz

Wilfred McSherry

Linda Rykkje

Susan Thornton *Editors*

# Understanding Ageing for Nurses and Therapists



Springer

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# **Perspectives in Nursing Management and Care for Older Adults**

## **Series Editors**

Julie Santy-Tomlinson  
School of Health Sciences  
University of Manchester  
Manchester, UK

Paolo Falaschi  
Sant'Andrea Hospital  
Sapienza University of Rome  
Rome, Italy

Karen Hertz  
University Hospitals of North Midlands  
Royal Stoke University Hospital  
Stoke-on-Trent, Staffordshire, UK

The aim of this book series is to provide a comprehensive guide to nursing management and care for older adults, addressing specific problems in nursing and allied health professions. It provides a unique resource for nurses, enabling them to provide high-quality care for older adults in all care settings. The respective volumes are designed to provide practitioners with highly accessible information on evidence-based management and care for older adults, with a focus on practical guidance and advice.

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Wilfred McSherry • Linda Rykkje  
Susan Thornton  
Editors

# Understanding Ageing for Nurses and Therapists

*Editors*

Wilfred McSherry  
Department of Nursing  
School of Health and Social Care  
Staffordshire University  
Stoke-On-Trent  
UK

University Hospitals of North  
Midlands NHS Trust  
Stoke-on-Trent/Stafford  
England  
UK

Professor VID Specialized University  
College Bergen/Oslo  
Oslo  
Norway

Linda Rykkje  
Faculty of Health Studies  
VID Specialized University  
Bergen  
Norway

Susan Thornton  
Department of Nursing  
School of Health and Social Care  
Centre of Excellence in Healthcare Education  
Staffordshire University  
Shrewsbury  
UK

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## Foreword

*You can live to be a hundred if you give up all things that make you want to live to be a hundred.*

—Woody Allen

It has always been of interest to me that any discussions of ‘ageing’ are actually discussions of ‘older age’ as most commentators, writers and indeed researchers seem to (implicitly at least) imply that ageing begins at 50! The reality that ageing starts from the moment we are born (or perhaps even before, depending on your belief system!) seems to bypass thinking in this field. As a result, society is organically ageist as there seems to be no accepted discourse for ageing during early years and early adulthood. The discourses for this period of life are instead dominated by psychological and sociological developmental theories, as if this period of life was preparation for a period of ageing that is yet to be experienced. Of course, as we all know, it is these formative years that shape all those that follow and so how we psychologically, sociologically, spiritually and physically age as younger persons has a profound impact on our overall ageing trajectory. So, any book that sets out to address ageing is inevitably caught up in this dilemma of ‘where to begin’ because in reality a book about ageing is a book about the life course from birth to death!

The authors of *Understanding Ageing for Nurses and Therapists* of course are faced with an additional dilemma—Covid-19. At the time the book goes to print we are still all gripped with the challenges of finding our way out of this global pandemic. Whilst some countries have fared better than others in terms of the numbers of people who have died from the virus, no country has been able to avoid it. Common to all our collective experience has been the impact that the coronavirus has on older people and especially those with multiple morbidities and residing in care homes. At times this has been distressing to observe and difficult to accept the consequences that so many older people, their families and friends have had to endure. But of course, what the coronavirus has managed to do is shine a very bright light on differences across the generations and the impact of different experiences of ageing across the life course. Whilst young adults can celebrate the fact that the virus is less likely to make them sick than older adults, they also carry a huge burden of responsibility to not act as ‘super-spreaders’ as asymptomatic carriers of the virus. As someone who has worked in the field of ageing for most of my

professional life, the differences I have observed among age groups during the pandemic have been interesting and intriguing—for example, attitudes towards social distancing and behaviours associated with wearing face coverings. As I engaged in my daily exercise regime during ‘lockdown periods’ it was interesting to me how older and younger adults considered the importance or otherwise of things like social distancing and the fairly cavalier attitude towards it among younger compared with older adults. ‘The invincibility of youth’ is a well-worn phrase, and in this example it would be easy to be dismissive of younger people as ‘not caring enough’, but perhaps we need to re-frame such judgements. Perhaps it is because of the invincibility of youth that healthy ageing is possible at all, as the author John Green asserts in his book, *Looking for Alaska*:

*When adults say, “Teenagers think they are invincible” with that sly, stupid smile on their faces, they don’t know how right they are. We need never be hopeless, because we can never be irreparably broken. We think that we are invincible because we are. We cannot be born, and we cannot die. Like all energy, we can only change shapes and sizes and manifestations. They forget that when they get old. They get scared of losing and failing. But that part of us greater than the sum of our parts cannot begin and cannot end, and so it cannot fail. (p 220)*

Green articulates with some degree of irony the energy required to age with some degree of success (whatever that really means!). The fact that so many people live to a grand old age is the success of our time, which not even coronavirus can stop! The intricate configuration of physiological, sociological, psychological, spiritual and relational factors, which together with sheer bloody-mindedness and immense energy for living, means we successfully traverse the life course. The authors of *Understanding Ageing for Nurses and Therapists* ‘get’ this and have constructed a text that is not dominated by the vagaries of the ageing mind and body, but instead articulates this intricate configuration and the need to continuously update our beliefs, attitudes and evidence.

I am also conscious though that we can paint a picture of ageing that is pollyannaish, whilst the lived experience for many persons is quite the opposite. For some people, their life course is blighted by various challenges that means there is an imbalance between the energy needed to traverse the life course ‘healthily’ and the resources available to them to do so. As a gerontological nurse, I have always been very conscious of this in my practice and one of the reasons why I feel so passionately about the adoption of person-centred approaches. The older person in need of care is someone who has managed to successfully bring sustained energy to their life course, but who in the end has a need for the input of others to help them make it through to the end. We can either see this as a failure of our body systems to sustain the energy needed to manage the intricacies of life or we can see it as a natural progression from the ‘invincible independence’ of youth to the ‘insuperable interdependence’ of older age.

The chapters of this book take us through this journey and hold the space for us to layer our own understandings and interpretations of this lifelong journey. As Green asserts, it enables us to ‘... *change shapes and sizes and manifestations*’. At

a time when the complexities and intricacies of ageing are more challenging than ever before, when the ongoing impact of global influences and challenges are better understood and when society is increasingly challenged to shift its norms, then considering how to age well through this is essential. This book makes an important contribution to this contemporary picture and will facilitate important debate and discussion among those who engage with the text.

Brendan McCormack

Divisions of Nursing, Occupational Therapy and Art Therapies  
Centre for Person-Centred Practice Research, Queen Margaret University  
Edinburgh, Scotland

Omega XI Chapter, Sigma Global  
Edinburgh, Scotland

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# Introduction: Understand Ageing and How We Care for Older People—Reflections, Legacy and Lessons Learned in the Wake of COVID-19

1

Wilfred McSherry, Linda Rykkje, and Susan Thornton

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W. McSherry (✉)

Department of Nursing, School of Health and Social Care, Staffordshire University,  
Stoke-On-Trent, UK

University Hospitals of North Midlands NHS Trust, Stoke-on-Trent/Stafford, England, UK

Professor VID Specialized University College Bergen/Oslo, Oslo, Norway

e-mail: [w.mcsherry@staffs.ac.uk](mailto:w.mcsherry@staffs.ac.uk)

L. Rykkje

Faculty of Health Studies, VID Specialized University, Bergen, Norway

e-mail: [linda.rykkje@vid.no](mailto:linda.rykkje@vid.no)

S. Thornton

Department of Nursing, School of Health and Social Care, Centre of Excellence in Healthcare  
Education, Staffordshire University, Shrewsbury, UK

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Understanding the normal ageing processes and mechanisms is of vital importance for all nursing and allied health and social care professions. This will support them when providing care for older people, their families and friends across diverse health and social care sectors. The primary goal of this text is to explore some of the neglected contemporary issues associated with ageing such as spirituality, sexuality, death and dying. The aim is to break down barriers and dispel some of the myths and misconceptions that are often perpetuated across generations, within professions and throughout care settings.

Given that the epidemiological evidence indicates many people are now living longer and healthier lives it is imperative that those caring for older people have a sound knowledge base of what normal ageing involves and how this may affect people physically, psychologically, socially and spirituality. Conversely, this knowledge will enable them to identify abnormal and pathological deviations from the norm allowing for a timely intervention. This type of knowledge will enable nurses and allied health and social care professionals to be more confident and competent in their care, being prepared to challenge and escalate concerns should these arise during their practice. It will also enable them to celebrate and share good practice across the different sectors.

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## 1.1 Demographics and Context

One of the significant achievements of our health and social care systems across the world is the positive impact this has had upon life expectancy. For example, in the United Kingdom (UK) the Office for National Statistics [1] tells us that “In 2018, there were 13,170 centenarians (people aged 100 years and over) in the UK...”

From these figures we can assume that there are more people alive in the world today over the age of a hundred than at any point in human history. Roser et al. [2] indicate since the 1900s the global average life expectancy has more than doubled and is now above 70 years. Yet they are keen to stress despite these improvements inequalities around life expectancy persist across and within many countries. The above figures are also reflected by The United Nations [3, p. 9] which states

*While life expectancy at birth has improved, the improvement in life expectancy at older ages has been even more rapid. ... Globally, a person who is turning 65 years old could expect to live an additional 17 years in 2015–2020, and this number could rise to 19 years in 2045–2050*

Whilst these improvements in life expectancy are very welcome, it has presented a major challenge to societies around how we provide high quality and dignified care for our ageing populations. It must be stressed that these improvements in life-expectancy relate primarily to high- and middle-income countries and do not reflect the global picture where life expectancy can be much lower in some of the developing nations. Interestingly, some of the issues and challenges we face when caring for older people have been highlighted by the recent global pandemic.

## 1.2 A Global Pandemic

By way of introduction to this section we would like to express our utmost respect and gratitude to all health and social care colleagues across the world for their selfless sacrifice in the face of one of this century's greatest challenges. As we moved towards the completion and publication of this manuscript, the world is caught up in the grip of a global pandemic, COVID-19 coronavirus.

We have reflected on this very tragic situation and written part of this introduction around some of the key issues that illustrate and reinforce societies attitudes and understanding of ageing and crucially how we care for our older people. Because many of the issues we have experienced in this unprecedented and challenging time have had serious and catastrophic consequences for all of us but especially so for many of our older people.

The outbreak of this virus is purported to have originated in Wuhan the capital of Hubei province in the People's Republic of China. Due to several factors, globalisation, and international travel the virus spread rapidly across the globe affecting every continent, country, and peoples. The impact of this pandemic has been unprecedented, with millions of people dying, being hospitalised and in need of specialist critical care placing tremendous pressure on our health and social care services resulting in these being stretched to within breaking point. The rhetoric and imagery used by many countries resulted in the pandemic being described as a war with the mobilisation of resources, funding, and people to support the 'war effort'.

The pandemic has brought the best and the worst of humanities values, attitudes, and behaviours to the fore. Health and social care professionals have displayed heroism and resolve to preserve life and provide the best possible care including end of life in very challenging circumstance. They have done this with professionalism, altruism and compassion doing this behind personal protective equipment with dignity, sensitivity and in a spirit of unity and resolve. There is no escaping that the impact of the virus has been devastating with immediate and far reaching consequences for our health and social care systems, economies, and the future stability of many societies.

We have witnessed an existential disruption at a global level and the shattering, fracturing of everything that is meaningful and that adds value to the daily rituals' routines of everyday life. The term 'lockdown' has seen all of us in a state of self-isolation, with some of the most vulnerable in our communities, having no or limited contact with families, friends, and communities. Many things that we have taken for granted, often the ordinary and mundane are being re-evaluated; our work, relationships, and freedom. Consequently, many people are appraising their beliefs and values approaching life with new insight and a spiritual lens.

Despite some of the negativity, individuals, communities, and societies have united, come together and shown determination and solidarity. There have been many valiant acts of charity and selflessness to support those in need and specifically our older people. Health and social care professional have died while caring for those infected with COVID-19 and in need of life saving interventions. The public have rallied and shown great appreciation as expressed in the "Clap for carers" which is an international phenomenon, occurring in many European countries and further afield for example in the USA.



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### 1.3 Older People Inspiring a Generation

During the Pandemic there have been many accounts of older people across the globe inspiring us with their acts of altruism. One of the most memorable moments in the UK was the late Sir Capt. Tom Moore at the age of 99 walking 100 laps of his garden before his 100th birthday to raise £1000 for the NHS. The public were moved with pride and admiration and by the 30th April the day of his birthday now Colonel Moore had raised a staggering £32,796,155 for NHS Charities Together (See <https://www.justgiving.com/fundraising/tomswalkforthenhs>).

In contrast we have heard of many older people dying in residential and nursing homes, where care staff have had limited or no access to personal protective equipment and testing. With many of these deaths of older people not even being recorded in the daily counts or having COVID-19 recorded on their death certificates. In the United Kingdom this was an outrage with commentators saying older people were being ‘*airbrushed*’ out of the data [4]. It also raised some very fundamental questions about societies perceptions of older people highlighting that age discrimination still exists in many forms both explicitly and implicitly.

---

### 1.4 Norway Chooses a Different Approach

Norway has chosen a different approach to reduce the spread of the virus, and early on nursing homes were closed for visitors including close family. With a low total of deaths compared to other countries, the government has decided to gradually re-open parts of the society and allow socializing in smaller groups. However, (at the time of writing this introduction, Mid 2020) nursing homes are still closed for visitors. Then, one might ask, what is worst? Being isolated and not seeing family and friends, or being put at risk of catching COVID-19? These discussions will continue, as we see that it is often the personnel and not visitors that spread the virus to residents. In many regions where the risk of infection is low, perhaps visitors should be allowed? Is it avoiding the disease that is most important, or quality of life for residents? These questions are important, however, the overall situation for older people is not really discussed in the Norwegian media. Fear of spreading the disease is the main concern, thus this might also be a form of discrimination. The situation is changing with a press release from the Norwegian Government dated 8/4/2020 indicating that the country is to lift COVID-19 restrictions gradually and cautiously.

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### 1.5 Age Is Not an Indicator of Ability

Age also seemed to be an arbitrary or even a discriminatory factor in the ethical decisions around who should be ventilated or not. With speculation that those over the age of 60 in some countries were not eligible. While this type of criteria needs to be confirmed post-pandemic it affirms that misconceptions still persist that age alone correlates with quality of life and that those above a certain age are considered

to have ‘had their lot’ and thereby worthy recipients of death. These types of attitude place little value on ‘life’ setting up a precedence that the older we are the more deserving of death. This is a form of eugenics that implies younger people are more superior (deserving of life) than are our inferior older population.

The World Health Organisation [5] when discussing ageing and health states the following:

*If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative.*

This quotation underlines and acknowledges that age is not a reason for older people to engage in those activities that add value, meaning and purpose in life. It is the role of our societies to enable and support our older people to live healthy and fulfilled lives and to prevent decline in their physical and mental capacity. United for All Ages (2020) is one wonderful example of different age groups and generations from across society coming together to find solutions to issues that impact on peoples live.

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## 1.6 Positive Attitudes Towards Ageing

Chochinov [6] emphasising the A, B, C, D of dignity conserving care asserts that positive Attitudes lead to positive Behaviours. When we are caring for older people and indeed each other our behaviours must always be Compassionate and the vehicle for achieving all of this is Dialogue. Dignity conserving care is not delivered through words alone but requires action and this action must always be intrinsic, looking at our own attitudes and how these may influence our values and behaviours. Magee et al. [7, p. 9] capture this need for action so clearly when they write “It is easier to make pronouncement about dignity than to ensure dignified care happens.” It is the responsibility and duty of all of us who care for older people to be proactive challenge any attitudes, values and behaviours that may have negative consequences for the way we care for older people.

Similarly, we must be aware of those organisational, institutional, team and even individual attitudes, values and behaviours that may lead to the violations of people’s dignity. These attitudes, values and behaviours can be insidious and very corrosive if not challenged and removed. One solution to this is to ensure our attitudes towards ageing are not informed by the negative images and stereotypes that infiltrate social media and can dominate in some cultures and societies. For example, we seem to live in an age where youth and beauty is worshipped and should be preserved at all costs. While natural ageing and growing old are abnormal and should be prevented at all costs. Health and social care professionals are in a very powerful position to influence change and present a more ‘holistic’ and normal understanding of ageing and the biological, psychological, social and spiritual processes that this entails.

One of the editors (WMc) was once asked ‘*When will you stop teaching and speaking about dignity in the care of older people?*’ The reply was ‘When there are no longer any violations of older people’s dignity?’

It is self-evident from the pandemic that in the face of great adversity and threat, some societies and individuals can neglect and fail in their duty to safeguard the dignity and lives of our older people. While at the same time health and social care professionals are prepared to compromise their own health and wellbeing to defend the needs of those who are vulnerable.

Fear, the lack of resources and a failure to ensure that older people and health and social care staff are adequately protected, by providing the correct personal protective equipment and testing have been the subject of much debate and criticism.

Fear, ignorance and misconception lead to stereotyping, discrimination, and inequality in the way that we care for older people. One of the aims of this book is to ensure that health and social care professionals are given up to date knowledge and evidence that will inform their own practice, enabling them to recognise when the quality and standards of care are being compromised.

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## 1.7 The Need for a Holistic and Person-Centred Approach

At the time of writing in the UK over 126,155 people have died within 28 days of being diagnosed with COVID-19 (many within care homes and community settings) and behind every statistic is a personal story and life narrative. Sadly, the death and loss of any person irrespective of age has far reaching consequences for their immediate loved ones, friends, and colleagues and indeed the wider community in which they live. Given the sad circumstances associated with these deaths, people separated from loved ones, isolated and alone in hospitals and being cared for by health and social care professional wearing PPE. The long term psychological and emotional impact may see spouses, partners, children, experiencing adverse reactions to the loss, grief, and bereavement they have experienced. Similarly, health and social care professional providing care in these very challenging situations may experience post-traumatic stress disorder and loss of mental well-being due to the prolonged exposure in such stressful and highly charged situations.

Never before has there been the need to ensure that the care provided by all health and social care professional is compassionate, dignified and truly person-centred and holistic that is ensuring the spiritual and existential dimensions of a person’s life are acknowledged and supported.

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## 1.8 Legacy and Lessons Learned

The COVID-19 pandemic highlights a vital need for sustained and immediate investment in how we fund our health and social care services. A key priority must be an evaluation of how we support some of the most vulnerable within our society who were most affected our older people. The challenges faced and the issues raised

will no doubt, be debated for many years to come. However, one legacy that will remain, arising from the pandemic globally, are the controversies around the status of older people and how in some countries the slow response taken to safeguard them which was wholly inadequate. A major lesson is the need to be more proactive than reactive. Given the changing nature of the situation almost on a daily/weekly basis which will be the case for many countries as the pandemic unfolds. This means that it will be difficult to predict the exact course and outcome of the pandemic. Because countries have adopted different strategies for recording and tracking the trajectory of the virus depending upon cultural and political /national contexts will mean generalisations cannot be made, but the legacy and lessons learned will inevitably be universal.

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## 1.9 Overview of the Book

Understanding Ageing for Nurses and Therapists is a practical resource for all those responsible for caring for older people across health and social care. It provides a comprehensive and holistic approach helping nurses, therapists, and social care professionals to better understand the impact of ageing upon the person and wider society. A unique feature of this text is the focus upon positive ageing and the attempt to dispel and challenge some of the myths, prejudices and negative attitudes that still prevail towards ageing and older people.

The book is structured around thirteen chapters, excluding the introduction. Each of the chapters have been written by specialists in their field and presented in an engaging and interactive style, they draw upon case studies and scenarios to maximize engagement developing your competence, by informing your knowledge, attitudes, and skills. Chapter 2 explores physiology and ageing considering why we age and what the underlying processes are, before considering the effects of ageing on the systems of the body. While Chap. 3 offers an insight into the nature, benefits, and potential applications of a life history approach within health and social care highlighting how this is central to promoting the health and wellbeing of older people. A neglected aspect of health and social care is the concept of spirituality. This controversial area is discussed in Chap. 4 which introduces different views on how spiritual and existential issues may be relevant for older people. The psychology of ageing is addressed in Chap. 5. This chapter discusses normal age-related changes in cognition, personality, emotions, coping and control. The author explores how such changes may affect the everyday life of older people. Chapter 6 introduces the reader to issues associated with the sexual health of older people. This chapter affirms that sexual health discussions are an essential part of the holistic assessment of health and social needs and should lead to interventions that ensure older people are able to enjoy their rights and live healthy sexual lives.

Preventing the deconditioning of older people is introduced within Chap. 7. The awareness of important timely interventions can maintain physical function along with general health and well-being. Therefore this chapter will explore concepts such as frailty and comorbidity and how these may impact on the care of older

people. The importance of recognising delirium and depression and how nurses and therapist may respond are also considered.

The importance of nutrition and ageing are explored within Chap. 8. The chapter offers an overview of the key factors that contribute to malnutrition in older people, delving into the evidence base offering a practical approach to the prevention and treatment of malnutrition in older people. Issues related to the continuity of care for older people between the hospital and the community environment are outlined in Chap. 9. Consideration is given to matters such as inter-professional working and how this takes place along with a discussion of the roles and responsibilities of social work professionals.

Chapter 10 deals with the fundamental aspect of palliative and end of life care. Because of the taboos and fears that exist in many societies around death and dying this can be a neglected aspect of care. This chapter offers valuable insights into providing good palliative and end of life care with an overarching aim of dispelling ageism while offering new perspectives.

Globally one of the significant challenges that older people face are issues associated with loneliness. Chapter 11 introduces two important concepts in older persons care namely self-neglect and loneliness. The chapter explores a range of factors contributing to these and ways in which nurses and therapists can work with older people to address and alleviate these issues. The need for safeguarding older people is recognised as an integral part of care delivery. Therefore, Chap. 12 explores human rights in the context of ethical and legal frameworks and how these may be applied to the care of older people.

Chapter 13 introduces the reader to the importance of governance quality and inspection or review. These concepts and processes play an important role in ensuring high quality services for older people across the full spectrum of sectors. Robust governance and quality assurance process ensure that any concerns can be escalated to the appropriate people and the relevant authorities notified so remedial action can be taken to safeguard those receiving and providing care.

The delivery of care to older people is constantly changing with new technologies and innovations being developed that can enhance care while promoting independence. Chapter 14 explores how contemporary care may comprise of technology affirming how this may influence the power balance between the older person and those assisting them.

From the above overview it is evident that the text introduces the reader to key dimensions of what it is to be a person, physically, psychologically, socially and spiritually and how these contribute to the ageing process and can enhance the quality of life of older people.

Irrespective of whether one cares for older people in an acute hospital setting or domiciliary, home care. The material and content transcend health and social care boundaries, providing valuable, contemporary evidence that can inform and shape practice. Above all this text will encourage reflection, dialogue, and engagement with some fundamental aspects of ageing, challenging, attitudes, values, and behaviour so that a more positive and balanced insight towards ageing is fostered.