

Preparing undergraduates for practice placements in gerontological nursing



Unique experiences

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Abstract

An innovative approach was employed to help undergraduate student nurses prepare for a practice placement working with older people. The method involved the use of life histories as a means of gaining insight into the unique experiences of individuals and how those experiences help shape the person. This narrative approach is valuable in assessing need and in ensuring that the care provided is of a high standard. Research suggests that it can also help boost the quality of life of older people and the self-esteem of the staff involved. To contextualise this subject, a brief overview of the relevant demographics of this client group is offered to help set the scene of the care environments in which the students were to be placed.

This article describes an innovative approach that was used to teach undergraduate student nurses the importance of exploring older people's life histories using group work. The students who took part were undergraduates in year two of their programme. The session with the older people linked into a specific module entitled 'Caring for specialist client groups' and was held before the students started a practice placement with older people.

Relevant demographics

In the US, it is estimated that by the year 2020, seven million people will be aged over 85 and 35 million will be over 65. Thus, between 1990 and 2020, the population aged between 65 and 74 is projected to grow by 74 per cent.

In Australia 13 per cent of the population were aged 65 and over in 2004, with 1.5 per cent over 85 – a proportion that is

estimated to increase to between 2 and 3 per cent by 2021.

In Sweden, it is believed that by 2030 almost one in four people will be over 65. The numbers of people over 65 in 2000 constituted 23 per cent of the total Swedish population, and this is expected to increase to 31 per cent by 2050.

Similarly, the UK had 20 million people over 50 in 2003, a figure that is projected to rise to 27.2 million by 2031.

Here in Ireland the figures also reflect an ageing population: those over 65 currently make up 13.14 per cent of the total. This is expected to increase to 23.4 per cent by 2036. It is thus estimated that 4.3 per cent of people over 65 will require long-stay residential care in Ireland. It is therefore of paramount importance that the quality of care provided for this client base meets acceptable standards.

These changing demographics raise

Key words

- Mentoring
- Education: theory and philosophy
- Elderly: nursing

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questions about the response of government and healthcare organisations to this growing need. The Organisation for Economic Co-operation and Development calls on governments to have policies in place that aim to improve co-ordination of services while recognising the economic impact of an ageing population (OECD 2007). The Department of Health and Children in Ireland has yet to update the 1998 strategy, *Adding Years to Life and Life to Years*, which focused on old-age illnesses and the health promotion steps necessary to reduce them.

Last year's Leas Cross report, on standards of care at a Dublin nursing home (Health Service Executive 2006), recommended that the Department of Health and Children must, in its policies and as a matter of urgency, clearly articulate its recognition of the complex health and social care needs of older Irish people requiring long-stay residential care.

The UK devised a *National Service Framework for Older People* (Department of Health 2002), setting out various standards aimed at improving care for older people and outlining specific aims, rationales, key interventions and milestones. Locally, in the west of Ireland, the *Health and Well-being Strategy for Older People: 2001-2006* (Western Health Board 2001) stated that the service aimed to provide high-quality residential care that recognises person-centredness and autonomy. The common goal of all these policies and strategies is therefore to provide quality care.

The students involved in this new approach were to be placed mainly in what are known as 'community nursing units' (CNUs). Many of these units were built in the late 1800s and were originally known as 'welfare homes', where older people who were struggling financially could spend their retirement years. The homes had no nurse on duty but a manager in charge of the unit. Later there was a matron in charge and later still, nursing staff were employed because of the increasing healthcare needs and dependency of the clients accessing these services.

Today, CNUs are staffed by a director of nursing, a clinical nurse manager, staff nurses, healthcare assistants, domestic staff, porters and administrative staff. Many of the units have been redesigned for health and safety reasons and to ensure that clients' dignity and privacy is maintained. CNUs are just one of many areas in which nurses work with older people. This nursing specialty cannot be over-emphasised as nurses working in all areas will encounter older people.

Role of the gerontology nurse

The need for specialist preparation for nurses work-

ing with older people was highlighted by Gearing (1995) who stated that there is a 'widening gap between what we know and understand about ageing and ageing populations and the limited amount of knowledge and information which is readily available and accessible to professional and voluntary workers'. Therefore, the overall aim of nursing programmes at the National University of Ireland, Galway, is to provide students with the necessary in-depth knowledge and skills to enhance their clinical practice. Gerontological nursing is such an exciting specialty, one that is developing constantly, which means nurses must also keep pace.

Murphy *et al* (2006) and Murphy (2004) found that older people in long-stay care are more than simply patients; they are individuals who deserve to live the remainder of their days with dignity and respect in an environment that is empowering and enabling, not belittling. Quality of life domains for older people in long-stay care were identified as a resident's ability to maintain his or her personal identity and sense of self, an ability to maintain connectedness, social relationships and networks within and outside the care setting, engagement in meaningful activities, and the promotion of independence and autonomy. Quality of life indicators were thus identified as having the right staffing levels and skill mix, recruiting and retaining staff, having a suitable physical environment, and providing appropriate education and training.

McCormack (2001) outlined the essential elements of quality care for the older person and stated that the nurse must try to give residents as many opportunities as possible to exercise freedom of choice, to express opinions, to make decisions, to talk while the nurse really listens and to have the opportunity to express their authentic self in a negotiated partnership with the nurse. And Barkay and Tabak (2002) concluded that resident participation increased residents' perception of the quality of care received.

It is clear that the common ingredient in all these findings is the recognition of the 'person' in long-stay care. Therefore the role of the nurse in gerontology care and his or her understanding and knowledge of the elements of a high-quality care environment are essential. Students are well placed to develop this knowledge and understanding, providing the appropriate type of education is delivered.

The governing body of nursing in Ireland recommends that each nurse maintains his or her competency level to ensure fitness to practise and stresses 'the ability of the RGN to practice safely and effectively, fulfilling his or her professional responsibility within his or her scope of practice' (*An Bord Altranais* 2000). Education is one of the essential tools in

equipping the nurse with the necessary knowledge to maintain competence. What follows is a discussion of how awareness of changing demographics, and the maintenance of professional standards can be taught to undergraduate nurses.

Teaching theories

It is recognised that in any student group there is a mix of capabilities and levels of understanding, and teaching methods must reflect this. It is generally accepted that each student will have adopted an individual method of learning. Any one student group may consist of a great variety of learners (Gibbs 1992). So what does learning involve? What does it mean to the individual? And is it possible to compile a single definition of learning?

Northgate and Lane (1997) suggest that learning is about ideas and understanding. Various theorists would argue that learning is determined by personality and can therefore be defined by a student's motivation to learn (Maslow 1971, Weiner 1979). Sociologists may propose that learning is determined by the individual's freedom to learn or access to education.

However, there are many essential ingredients to learning and intrinsic and extrinsic factors can affect how students learn. These ingredients include approach, readiness to learn, age, memorising skills, reflection, and linking and using ideas. The extrinsic and intrinsic factors include the freedom to learn, learning from experience, the learning environment, student support and family support. Effective learning should be cyclical as the student continuously builds upon and links current knowledge. (Northedge and Lane 1997).

Garrick and Clegg (2000) discuss the suitability of graduates for employment. They explain that there has been a shift towards capacity building in academic courses. Nursing is, perhaps, unlike many other academic courses in that students actually work in the environment they will qualify for. Other university courses in Ireland offer a 'co-op' system whereby students spend a year on work placement. Even if they do not learn about their future

careers, they have the opportunity to socialise into the workplace environment and thus, potentially, develop their interpersonal skills. This is invaluable experience for the potential employer.

Quinn (2000) states that professional teaching in nursing is an intentional enterprise that aims to facilitate learning and that it is characterised by an acceptance of responsibility for facilitating other people's learning by means of a planned and purposeful educational intervention (Table 1). Lublin (1987) proposes that teaching in groups can give students the opportunity to engage with lecture material at levels that have personal meaning for them by allowing them to practise their thinking.

Life histories

Life histories as an educational tool in older people's care are viewed by Kenyon and Randall (2001) as being essential in 'knowing the self' in older age, and McCormack (2006) suggests that they support the understanding of authenticity – that is, narratives or life histories can capture the essence of many experiences over time which are truly authentic and invaluable in understanding the person for whom we care. With this knowledge and understanding the nurse can provide genuine person-centred care.

Clarke *et al* (2003) believe that if practitioners are to deliver person-centred care, then they need to learn more about the patient as an individual and that one way of doing this is to take the biographical approach. This enables the practitioner to see behind the 'mask' of ageing, illness or disability (Clarke *et al* 2003). Clifford (1999) describes narratives as a useful tool in social assessment for understanding how individuals can be understood by others who have experienced different historical and social circumstances (the student nurse versus the older adult). Bartol (1989) proposes that listening to a person's life story is a powerful way of showing that they are valued as an individual.

The biographical approach is viewed as a low-cost intervention that can be incorporated into everyday care activities, thus improving residents'

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Table 1. Purposeful educational intervention

Before	During	After
Believe in yourself	Delivery	Average/mean performance
Explaining	Unusual	Focus on well done/less well done
Focus on selected aspects	Recap	Tape the lecture and review
Over-learn your material	Invoice your audience	Experience other people's lecturers
Rehearse	Note-taking	Retain a sense of proportion
Excitement	Get out on time	

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quality of life and the self-esteem of health workers (Pietrukowicz and Johnson 1991). It is viewed as a useful approach in assessing the older person and in completing the care-planning process (Clarke *et al* 2003). With this knowledge of the client group, the care environments, the student group and teaching theories, I devised the following interactive educational session.

Objectives

The session aimed to:

- Enhance student nurses' awareness of older people's specialist care needs
- Promote the concept of person-centred care
- Reveal the biographical/life history approach to care planning
- Experiment with an innovative approach to teaching.

Requirements

The class was divided into groups of three or four. The following resources were required:

- Camcorder with external microphone
- A0-sized coloured cardboard
- Scissors
- Photocopies of older people's life stories
- Magazines and newspapers
- Glue
- Markers.

Step by step

1. Distribute a different life story to each group and allow 15 minutes for reading (life stories can be found in numerous books about past times in Ireland).
2. Allow 30 minutes for each group to represent this story on a poster board using the materials supplied.
3. Taking each group individually and using the microphone, video the students re-telling the life history from the poster (ten minutes per group).
4. Replay the entire video to the class the next day. Depending on your skills, the video can be edited and music added.

Discussion

I was fascinated by the quality of the work the students produced in such a short time. Appropriate pictures and headlines were cut from the magazines and newspapers to represent in poster format the various parts of the person's life story. The students clearly demonstrated team-working skills – for example, one looking for pictures, one drawing, one writing and so on. Interpersonal skills were also enhanced as each participant learned to communicate ideas and negotiate decisions. Public speaking skills were also enhanced as the microphone was passed around

and the camera focused on the speaker.

The importance of effective communication as a fundamental element of nursing has been acknowledged repeatedly (Wilkinson *et al* 1998, 1999, Booth *et al* 1999) and is regarded as integral to the provision of high quality patient-focused nursing care (MacCleod Clark 1988, Lubbers and Roy 1990, Dunn 1991). It appeared that the students were enlightened and enthused by the many dimensions to older people which they had not previously considered. They discussed how an understanding of these dimensions is essential in providing person-centred care and for the maintenance of each individual's independence.

McCormack and McCance (2006) support this by outlining the framework for operationalising person-centred care for older people and suggest that it requires prerequisites such as professionally competent staff, developed interpersonal skills, commitment to the job, clarification of values and beliefs, and knowing the self. The care environment also needs an appropriate skill mix, a shared decision-making system, effective staff relationships, potential for innovation and risk-taking, and supportive organisational systems.

Anecdotally, it has been shown how innovations in teaching methods can ignite interests in student nurses which they may not previously have had and which can help them understand older people at a deeper level and the valuable contributions they can make to their care. A further analysis of this approach is required, perhaps through the use of focus groups or student questionnaires.

Implications for practice

In Ireland the percentage of the population aged over 65 stands at 13 per cent and is expected to increase to more than 23 per cent by 2036. It is therefore estimated that 4.3 per cent of people over 65 will require long-stay residential care. It is of paramount importance that the quality of care provided for this client group meets acceptable standards. The innovative approach to teaching undergraduate student nurses described in this article involved the exploration of older people's life histories using group work. Life histories as an educational tool in the care of older people is viewed by Kenyon and Randall (2001) as being essential in 'knowing the self' in older age, and McCormack (2006) suggests that it supports the understanding of authenticity – narratives or life histories can help capture the essence of many experiences that are truly authentic and invaluable in understanding the person for whom nurses care. With this knowledge and understanding the nurse can truly provide person-centred care for older people ■

Number 12

The importance of gerontological nursing

Why is it important for students to understand an older person's life history?

HOW TO USE THIS ASSESSMENT

This self-assessment questionnaire (SAQ) will help you to test your knowledge.

Each month you will find 12 multiple-choice questions which are broadly linked to the preceding gerontological care and practice article.

Note: There is only one correct answer for each question.

Ways to use this assessment

- You could test your subject

knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.

- You might like to read the article to update yourself before attempting the questions.

The answers will be published in the next issue of *Nursing Older People*.

11. Anecdotal evidence suggests innovative teaching methods can:

- a) Cause students to become distracted
- b) Fail to meet proposed learning outcomes
- c) Ignite previously unexpressed interest

12. What is the role of Ireland's Health Service Executive (www.hse.ie)?

- a) Provider of health and social services
- b) Regulatory body for health professionals
- c) Health promotion agency

This is self-assessment questionnaire (SAQ) number 12 and was compiled by Daniel Allen

This activity has taken me _____ minutes/hours to complete

Now that I have read this article and completed this assessment, I think my knowledge is:

- Excellent
- Good
- Satisfactory
- Unsatisfactory
- Poor

As a result of this I intend to:

Answers to SAQ no. 11

- | | | |
|------|------|-------|
| 1. b | 5. b | 9. a |
| 2. a | 6. c | 10. a |
| 3. c | 7. c | 11. b |
| 4. a | 8. b | 12. c |

1. The session described links to a particular undergraduate module. What is the module's title?

- a) 'Caring for minority groups'
- b) 'Narrative and older people'
- c) 'Caring for specialist client groups'

2. Between 1990 and 2020, the US population aged between 65 and 74 is expected to grow by what percentage?

- a) 50 per cent
- b) 65 per cent
- c) 74 per cent

3. What percentage of the current population of Ireland is over 65?

- a) 2 to 3 per cent
- b) 13.14 per cent
- c) 31.14 per cent

4. Which Dublin nursing home triggered an investigation into standards of care?

- a) Leas Cross
- b) Leas House
- c) Links Cross

5. By what name were community nursing units originally known?

- a) Welfare homes
- b) Work and welfare institutions
- c) Community hospitals

6. According to Barkay and Tabak, what increases residents' perception of care quality?

- a) Access to a doctor
- b) More staff
- c) Participation

7. What is the name of Irish nursing's governing body?

- a) Nursing and Midwifery Council
- b) *An Bord Altranais*
- c) *Feidmeannacht na Serbhise*
- d) *Sláinte*

8. Who suggests that life histories are essential in 'knowing the self'?

- a) Kenyon and Randall
- b) McCormack
- c) Pietrukowicz and Johnson

9. Which of these was not a requirement when running the sessions with students?

- a) Camcorder
- b) Digital camera
- c) Magazines and newspaper

10. What evidence suggested improved interpersonal skills?

- a) Better understanding of body language
- b) Ability to communicate ideas and negotiate decisions
- c) Enhanced listening skills