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STRATEGIES FOR INCORPORATING GERONTOLOGY INTO A HEALTH OCCUPATIONS CURRICULUM

Margaret A. Snell

Abstract: Health occupations teachers have an opportunity to play a significant role in a major dilemma, providing care for the ever increasing number of elderly people. They can help their students improve their understanding of the problems and concerns of elderly people and they can suggest various strategies to enable their students to provide quality care to those they serve. The strategies suggested are those already utilized by some classroom teachers and involve classroom activities and role playing situations. Guidelines are provided to assist students in their interaction with elderly people and examples are given of students providing thoughtful care.

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The spectacular increase in people in the United States age 65 and over is well documented, with projections specifying an even more dramatic increase in the future. The size of the age group over 60 years old has increased seven times since the start of this century and the number of individuals over 75 years of age has increased tenfold (Tavani, 1979). The Federal Council of Aging reported in its 1975 Annual Report to the President that there will be 30.6 million individuals over age 65 by the start of the next century with those age 75 and older accounting for 44% of that number (Osterman, 1986). The U.S. Bureau of the Census (1976) projects that by 2030 A.D., 44 of every 100 people living in the United States will be over 60 years of age.

The combination of old age and chronic illness results in major changes for some older individuals. Moss and Halamandaris (1977), regarding the elderly in long term care facilities states: “The lees of identity, freedom and independence is a forced divestiture of human dignity and almost all aspects of self” (p. 12). Rathbone-McCuan and Hashimi (1982), specified that in elderly persons “Emotional responses such as fear, anger or grief that accompany chronic illnesses may produce withdrawal from others” (p. 13), while Heiple (1982) wrote: “In dealing with the elderly, attention must be given to the unique problems brought about by the emotional impact of illness and disability” (p. 153).

The Health Occupations Education (HOE) curriculum found in many high schools provides a tremendous opportunity for teachers to incorporate certain aspects of gerontology into their teaching. Students in these programs have identified an interest in pursuing a career in a health related area, and information about elderly persons in our culture may be introduced during this high school training. Indeed, some students experience meaningful interactions
Incorporating Gerontology with elderly persons for the first time in their lives when they start to work at a nursing home. In the book *Too Old, Too Sick, Too Bad* written about nursing homes, Moss and Halamandaris (1977) cite Margaret Mead’s contention that “society’s present treatment of the elderly causes apathy or anxiety among the younger population and . . . encourages a ‘live for now’ attitude. . . .” (p. 4). It is even questionable whether or not some children at all understand about the care of elderly persons in nursing homes. Moss and Halamandaris (1977), describe a conversation between two young children following the confidence of one child that his grandmother was in a nursing home. In response to his friend’s query about what was a nursing home, the child replied, “That’s where they keep dead people they ain’t buried yet” (p. xiv).

Nevertheless, the needs and care of frail elderly people tend to elicit minimal interest in some teenagers. A major role of the teacher, therefore, is to create a feeling among students that they are providing a very important service for people who may be helpless, lonely, and fearful. They should encourage their students to feel that they are very special people providing an essential service to others. In essence, HOE teachers should build students’ self-esteem so that they are proud of their contributions to the care of the older patient in nursing homes or other health care delivery systems.

The Florida Department of Education, The Florida Center on Aging and Florida International University sponsored a statewide workshop for health occupations educators in 1985 in which the needs and concerns of elderly persons and the concepts associated with providing quality care for elderly nursing home patients were discussed by teachers currently training students to provide such care. The teachers also shared with the workshop participants information about some of their successful teaching activities. Their
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discussions and specific examples have been compiled into classroom activities, role playing activities, general guidelines and examples of elderly care.

Classroom Activities

Classroom activities should create an awareness of the difficulties involved in being old, should help students develop a respect for elderly persons, and should create an appreciation for what it means to be an older person.

Some typical activities are:

1. Provide guided student discussions about senior citizens.
2. Have students tell about their grandparents or the oldest person they know, presuming the person is over age 65.
3. Invite one or two senior citizens to visit the class to discuss their life styles with the students.
4. Ask students to talk with senior citizens in their neighborhoods and report their impressions and findings back to class. Students could have pre-determined questions, such as: (a) “What tv shows do you like?” (b) “What is your favorite food?” (c) “What physical activities do you enjoy?”

Students then should be taught that even though elderly persons might lose some of their independence, they deserve to be respected and treated with every kindness and consideration and that the label “senile” is often a general term, descriptive or myriad problems, some of which might be amenable to environmental or psychological intervention. Students need to know that frequently organic and functional behavioral disorders receive no distinction and people who have them are regarded as “lost causes” with a resulting dramatic decrease in their quality of life. Two activities that could develop
Incorporating Gerontology in students an appreciation for the dependencies of some elderly people are:

1. Have students sit on their hands and be fed a variety of foods. Foods should be different consistencies and temperatures.

2. Secure someone to a Geri Chair or put the person in a restraint. Then appear to leave the immediate area to give the student a feeling of abandonment, which is a feeling many elderly people have under similar circumstances.

Students also should realize that many physical changes occur as a person grows older. Some physical changes precipitate psychological changes. Students should be made conscious of that possibility. Physical changes occurring in elderly persons can include the following:

1. Loss in muscular strength and endurance.
2. Decrease in muscular coordination.
3. Increase in fatigue and need for short naps.
4. Decrease in faculties, such as sight, hearing and smell.
5. Deterioration of skin and loss of hair.
6. Increase in sensitivity to temperature.
7. Change in weight.
8. Decrease in reaction time.

Among the precipitated psychological changes, also varying from one person to another are:

1. Decrease in memory for recent happenings and increase in memory for the past.
2. Increase in the time needed to say and do things.
3. Less willingness to change.
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4. Decrease in ability to use new information along with old ideas to form a new opinion.

5. Increase in tendency to direct interest inward to concerns about self.

6. Inability to make decisions.

Role Playing Activities

Some elderly persons who experience deprivation problems have a specific type of behavior pattern. Students should be taught by role playing that they may help with inappropriate social or cultural conduct arising from situations such as the following:

1. There is hallucinating or seeing, hearing, testing or feeling things not present. Students in this situation should:
   (a.) talk about concrete things people can see or hear, and
   (b.) provide real activities.

2. An elderly person in exhibiting a decreased memory span, is disoriented, has slowness of thought, or daydreams. Students in this situation should;
   (a.) orient the person via clocks, newspapers, magazines or calendars, and
   (b.) encourage the person to talk about something of current interest to the person, with the student doing most of the listening.

3. There is depression, irritability, loneliness or boredom. The student in this situation should;
   (a.) assist the person to develop some simple goals, and
   (b.) encourage and praise the person as possible.

General Guidelines

Along with orientation and information about how to provide basic care for
students should be given some general guidelines to follow for interacting with elderly patients. Following are some guidelines that will help students in almost any situation. Students should:

1. Address by name, not a nickname or "dearie."
2. Speak slowly and distinctly while looking directly at the person.
3. Move slowly and calmly and never try to hurry an older person unnecessarily.
4. Listen attentively.
5. Use supportive touching effectively.
6. Smile whenever appropriate.
7. Establish eye contact to communicate human regard.
8. Use positive body language.
9. Attend completely to the patient’s level of medical need.
10. Use language understandable to the patient.
11. Explore alternatives for serving elderly persons.
12. Observe and respect cultural/religious practices important to the patient.
13. Individualize whenever possible for the person.
14. Make communications as clear as possible and check for accuracy by getting feedback from the patient.

Examples of Elderly Care

Even though students may be ready to care for elderly persons, some older individuals might object to having young people around. Some elderly patients do not want students to take care of them. This was an easily solved problem in one nursing home. The teacher encouraged students to make some very attractive paper flowers with fancy ribbons for each of their patients. Once
the other patients learned about the pretty corsages, they went to the head nurse. They saw no reason why students should not care for them, also. In actuality, they wanted flowers, too. They did not want to feel left out.

Sometimes students develop approaches that help or encourage particular patients. For example, one student’s patient refused to leave her room because of an indwelling catheter. The patient was embarrassed by the bottle and its contents. The student recognized that the patient felt uncomfortable about going out of her room with the bottle, so she sewed a fancy-floral-pattern, drawstring covering for the bottle. The next day after giving the patient morning care the student carefully placed the patient’s bottle in a plastic bag. Then she put the floral covering over it. There was no conversation about what she had done or why she felt she should do it. After completing that task the student left the room. Less than five minutes later the patient also left her room. Naturally, she caused an unprecedented demand for floral coverings among a particular population in the nursing home.

Another example involves an elderly person who developed blindness in her later years. She just sat in her chair and refused to enter into conversation or activities. Her high school student made her a “touch pillow.” It was composed of different types of materials and various sewing items, such as rick rack, buttons, lace, and snaps. The patient welcomed her gift in tears and treasured it until it was falling apart.

Conclusions and Implications

Providing adequate support care for elderly persons is rapidly becoming a national concern. Without properly defined and executed techniques of how to care for elderly people and without interested, compassionate and trained personnel, the care of elderly people may easily become a national crisis.
High school instructors play a pivotal role in preparing their students to care for and indeed even to enhance quality of life for older persons. This article has discussed some of those ways.

Cultures are judged in a variety of ways. Seemingly, all are judged by how humanely they treat older people. The tendency to think that to be old is to be inferior is wrong and pernicious. In whatever way we impact on the lives of others, we should regard each person, regardless of age, as unique, special, worthwhile, and irreplaceable. We can aspire to greatness by teaching the young how to care for and interact with the elderly citizens. All will benefit.

(Additional references maybe obtained from the author.)

References


