

Addressing ageism in healthcare through gerontological nursing

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Sherry Dahlke, Associate Professor at the Faculty of Nursing, University of Alberta, discusses the impact of ageism in healthcare and why gerontological nursing education is vital for improving awareness and patient care

The World Health Organization's (WHO, 2021) global report on ageism reports that one in every two people is ageist towards older people. Ageism includes stereotypes about aging and older adults (beliefs), prejudice (feelings) and/or discrimination through actions (WHO, 2021).

Ageism can occur between people, be institutionalized, and/or self-directed. For example, ageism occurs in healthcare when older people who often have complex health and social needs are expected to fit into systems designed for younger people with one health concern (Kojima, 2018), resulting in adverse health outcomes (Chang et al., 2020). Exposure to negative stereotypes of aging can lead people to internalize negative beliefs of inevitable decline, resulting in them experiencing adverse effects of ageism as they age (Levy, 2009; Steward, 2022).

Ageism occurs subtly through over-accommodation towards older adults fed by beliefs that they are less capable (Cary et al., 2017) or through elder speak by addressing older adults with paternalistic language, such as 'dear' or 'sweetheart' (Shaw & Gordon, 2021).

Nursing education and ageism

Nurses who encounter older people often hold beliefs and have negative practices, as ageism is insidiously ingrained in nursing culture and education (Gallo, 2019). This is partly due to inadequate content on the heterogeneity of the aging experience in basic nursing education (Dahlke et al., 2020). Instead, nursing education about older people often focuses on disease with little attention to atypical presentation of acute illnesses and exposure to older individuals who are functioning well. (Dahlke et al., 2021). Rush et al.'s (2018) integrative review revealed that nurses' negative perspectives are due to their care needs.

This could be because nurses see older people at their most vulnerable and dependent (Fox et al., 2016). Nurses' lack of knowledge about aging can translate into care practices, leading to adverse outcomes, functional decline, and increased length of hospital stay for older adults (Helvik et al., 2023).

Thus, it is important that all nurses receive gerontological nursing education as part of their basic education so they can work with older people. Gerontological nurses focus holistically on more older people by providing clinical care, understanding the heterogeneity of aging and aiming to improve the quality of care. Incorporating gerontological entry to practice competencies into nursing curricula could ensure students graduate with adequate knowledge about how to care for the population they are most likely to encounter (Canadian Association Schools of Nursing, 2017).

Such competencies can guide nursing curriculum on health promotion, the heterogeneity with older people, and facilitate the incorporation of gerontological nursing principles into traditional classroom settings and newer education delivery methods such as e-learning modules and clinical practicums.

Supporting organizations such as the Canadian Gerontological Nurses Association, Royal College of Nursing in the UK and other similar organizations around the world provide relevant standards and guidance documents. The National Hartford Center of Gerontological Excellence in the US has developed nurse educator competencies and a distinguished gerontological educator award (Wymann et al., 2019). The Canadian Association of Schools of Nursing is developing an exam to test students' gerontological competence at graduation. These strategies are designed to highlight the importance of gerontological nursing and highlight that it occurs wherever older people are receiving care – across the community, hospitals, rehabilitation and nursing home settings.

Addressing gerontological competencies

Practicing nurses in various settings, including long-term care settings and advanced practice, also need to be required to address gerontological competencies through continuous education.

Many have not received education about ageing and older people, and continuing education could positively influence negative perceptions they hold. National nursing associations could work together through the International Council of Nurses to facilitate the development of international gerontological competencies for use across settings and jurisdictions in addition to policy work. Such a plan could foster the common good of supporting evidence-based nursing practice with older people.

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