Nursing Care of the Elderly: An Extensive Review of Literature on Gerontological Nursing

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Abstract: *The review is aimed at all those involved in caring for the elderly, regardless of their place of work: traditional hospitalization, home, day hospital, nursing home, retirement homes etc. The geriatrics (clinical gerontology) is a medical specialty that treats diseases of the elderly. The following article aims to focus on the physiologic process of aging. Pathophysiology is explained in detail as well as the nursing care of the older adults.*

Key Words: *Geriatrics, Aging, Nursing care, Social support, Elderly.*

1. INTRODUCTION:

Old age is not a therapeutic impasse, but an avenue for different therapies where the caregiver is "therapist" by his attitudes, his behavior and his words ... his structure of human attitude. The review is aimed at all those involved in caring for the elderly, regardless of their place of work: traditional hospitalization, home, day hospital, nursing home, retirement homes etc. The geriatrics (clinical gerontology) is a medical specialty that treats diseases of the elderly. It was Isaac Nasher who, in the United States, first used the term Geriatrics in 1909. The Gerontology is the study of the conditions and causes of changes that age printed functioning of humans at all levels (biological, psychological and social) and at all levels of complexity.

It is an approach to the problems of life rather than an autonomous discipline: all advances in the biological sciences and the humanities contribute to the progress of gerontology. No institute or specialist can claim to dominate all aspects.

Gerontology embraces four aspects in constant interaction:

- **The physical aging:** the gradual loss of the body's ability to renew itself;
- **The psychological aging:** the transformation of sensory processing, perceptual, cognitive and emotional life of the individual;
- **The behavioral aging:** the result of the above changes in the context of a given environment and bringing together aptitudes, expectations, motivations, self-image, social roles, personality and adaptation;
- **The social context of aging:** the influence exerted on each other by the individual and society. This aspect affects health, income, work, leisure, family, etc.

Beyond the caring context, gerontology is linked to disciplines such as philosophy, political science, psychology as well as sociology and history.

- **Philosophy:** to be able to care for the elderly, one must be able to listen to them and for that one must be aware of one's own conception of old age.
- **Political Science:** Seniors now represent an important political force that preoccupies governments in all countries.
- **Psychology:** The psychology of aging is a relatively new field. Previously, psychologists were more involved in the study of childhood and adolescence. Current concerns are mainly related to the ongoing development of the older person.
- **Sociology:** Social gerontology looks at the influence of society on older people, their social behavior and the impact of their numbers on social systems. Research in this area is very numerous.
- **History:** This discipline helps to understand the origin and evolution of everything related to aging. We learn that around 1600 we recognize the old "right to beg" formalizing and old age.

It was not until around 1950 that gerontology as we know it today began to take shape and we saw the first political and social measures. In fact gerontology has developed over the last fifty years due to the creation of Social Security and the increase of longevity with its corollary, the increase of cerebral degenerative disorders and others. The

importance of the role of technology in healing makes the patient whose disease is incurable inexorably appear to health professionals as a failure, their failure and that of the institution, facing the mission received. Alzheimer's disease or Alzheimer's dementia of the elderly is a reminder of the limits of knowledge and the current possibilities of medicine. Therefore, we must choose a philosophy of care: to focus on the biological life of an individual or a person's life bio psychosocial?

The hospital is an institution that responds admirably to the challenge of the disease. It allowed the division of labor, the control of emergencies; but he paid his victories and sacrificed in the name of efficiency the conditions of dignity and individuality which are part of the human requirements of the healthy, the sick and the dying. While we have learned to become experts in the administration of technological instruments, we have diminished our sensitivity and faith in our own resources and inner strength. We have not been trained to understand that we can help just by being a professional, just asacts of professional. However, in old age, the often fixed protocol of the conduct of curative medicine gives way to other requirements, where the act retains its importance (acting medical pain, act nurse and caregiver on the nursing, etc.), but where, at the same time, a sense of being becomes necessary, as important in the end-of-life space as knowledge and know-how have been before.

If the caregiver is interested in the complexity of living things, it works in a gerontological way. This procedure analyzes the signs of the organism, but includes them in the appreciation of the context, links them to the past and the future, manages the "chaos" that is likely to create any living system: to generate unpredictable events.
But quality care for the elderly has a cost: take your time.

Old age is not a therapeutic impasse, but an avenue for different therapies where the caregiver is "therapist" by his attitudes, his behavior and his words ... his structure of human attitude.

2. PHYSIOLOGY OF AGING :

From the age of 30, all the physiological performances do not improve anymore and start a decrease. Functional, psychiatric, social assessment and the measurement of remaining capacities is necessary. The aging is marked by aggression, deficits, restlessness, over medicalization, very often hospitalization of a patient, occurrence of a crisis decompensating a weakened balance, falls, confusion, iatrogenic (treatment-related illness) and depression.

The diminution of the capacity of adaptation that presents of secondary form to the process of the aging diminishes the flexibility of the physiological mechanisms that regulate the balance necessary to maintain constant the inner half. The control of the homeostasis requires that the integrated function of organs and systems be maintained intact for a correct biological performance of the organism. This functional decrease sets in motion compensatory phenomena that ensure the integrity of the elderly individual. At rest there is no marked difference between young and old, however when making determinations in situations where there is an increase in physiological demand (exercise, disease) the balance is altered and it is necessary to enter functioning of regulatory mechanisms to recover the basal situation. The old man is slower and it is more difficult for him to return to the initial point, that is, the elderly person has a diminished capacity to react to stress. This increase in physiological demands is the best way to visualize the differences between the elderly and young adults. The alterations that appear in old age are due to changes in speed and efficiency to restore the equilibrium situation after a stimulus.

The mitotic cells which divide during all the life with the age their capacities to multiply deteriorate. Cells that do not divide (nervous system) whose number gradually decreases. This decrease in the number of cells or the capacity to divide explains the decrease of the reserves functional with age. Reduction of elastin fibers and alteration of collagen fibers (maillard reaction) occurs. The skin becomes less porous, allows less nutrients and waste to pass.

The bone is constantly changing. It is in the construction phase by osteoclasts. With age, in both men and women, there is a decrease in osteoblast activity. In women, during menopause, an additional loss of bone occurs due to the over-activity of osteoclasts. In some subjects this aging is more pronounced. Formation of an osteoporosis which exposes to the risks of fractures. The consequences of osteoporosis are the fracture of vertebrae, femoral neck fracture, wrist and humerus. Dehydrated cartilage in 90% of women over age 70 has radiological damage to their fingers. 58% of more than 75 years have knee osteoarthritis and experience the mechanical pain i.e. stress related, articular nip in radiography and inflammatory thrusts.

Arteries experience the fiber alteration and loss of elasticity. Frequent calcification mitral and aortic valves and compliance disorders: frequent diastolic rise and frequencies of decompensating mechanisms. With age decreased urine concentration and dilution capacities. Kidneys synthesized with fewer vitamins D leading to Osteomalacia, Kidneys synthesized less erythropoietin leading to sensitivity to anemia and decreased ability to correct anemia.

3. NURSING CARE:

A geriatric nurse works with essential values. As are the dignity of the elderly, their well-being and their quality of life, autonomy, etc. Values that allow you to attend to people taking care of their needs, characteristics and interests. This way, it achieves an integral attention taking into account all the areas, attending globally.

In order to offer quality care, nursing takes into account several aspects:

- Individual differences, what differentiates each person. And the stories of life, the personal history and the experiences of each one.
- The active participation of the elderly. That is, make them participants for example in the decision making and in the organization and planning.
- The care plan. Organize, develop and implement an appropriate care plan for each person.

Dynamic vision of the aging process

Each person who ages does it differently. We are different also in old age. And taking it into account is fundamental in the provision of care and attention.

4. FUNCTIONS OF GERIATRIC NURSING:

The geriatric nursing attends a sector specific population, the elderly. With some specific problems and pathologies. For this reason it offers specialized attention according to this population. In addition, it promotes the health and well-being of the elderly, offers support to relatives or people from the immediate environment and works with other professionals to achieve the objectives. The functions performed can be.

Assistance

Geriatrics nursing focuses on serving people over so individualized. Also promoting self-care, promoting autonomy and therefore delaying dependency situations. In addition, it assesses cases and detects risk situations. Or it resolves inappropriate behaviors that harm health.

Manager

This function is about coordinating the nursing team and writing the reports related to care. Likewise, the available resources (material and personal) are organized and administrative functions are carried out .

Teacher

Teaching in geriatric nursing tries to train and recycle nurses. It also takes into account the needs of professionals, seniors and their families.

Researcher

Through this function, the professional participates in research projects of this and other disciplines. Its objective is to improve care and attention to this sector of the population and their families.

With these functions we get an idea of the quality of your work. Also that we can be wrong in the image we have of nursing. Maybe you imagine a nurse taking the tension, drawing blood or controlling the medication. But his work goes further. It is a discipline that encompasses many functions and offers comprehensive care.

5. NURSING AND SOCIAL SUPPORT OF THE ELDERLY:

Norbeck and Tilden, nurses who study social support, report that common assumptions emerge in the literature; social support refers to interpersonal interactions that provide emotional support or real help in tasks or problems; which is usually given and received by the members of the informal social network, not by strangers, professionals or casual acquaintances, members of the formal social network.

Nursing researchers have developed a wide variety of instruments according to the dimensions or components identified in the general literature of social support. Likewise, nursing has carried out numerous investigations that support the influence of social support on the physical, psychological and social health of the elderly, with the family as the main source of social support in the same. Other studies show the role of nursing, as a member of the formal social network, on the effect of programs, interventions focused on the social support of the elderly, optimizing informal support relationships or mobilizing the support of new social bonds.

The role of nursing in the social support of the elderly usually implies direct interaction with the informal social network of the person and its positive effects are the result of emotional support, information and help that are exchanged during that interaction. The role, therefore, is indirect and involves efforts, initiatives to generate changes in individual behavior or attitudes, in the quality and frequency of interaction between the elderly and one or more members of their informal social network; creating a more responsible and lasting network, capable of providing the elderly with long-term benefits, in the satisfaction of emotional needs, in active participation in community life, in the promotion of healthy behaviors and a higher quality of life.

From the above, a series of strategies emerges that nursing can suggest to the informal social network; to the older adult, it must be shown that someone is available, through physical presence, to show affection, affection, belonging, through hugs, invitations to walk, to walk, sending cards, flowers, the company in prayers, listening attentively; other alternative ways of offering support are added, such as the use of the internet, telephone calls, which try to alleviate uncertainty, anxiety, isolation and depression; Depending on the contextual circumstances, verbal

exchanges and physical contact are not always accepted, as there are people who are reluctant to openly express their thoughts and emotions.

Within the instrumental support or the tangible aid, the care that the grandparents give to the grandchildren is mentioned; but also furniture that is necessary for comfort is included; involves providing services such as transportation, physical care, and assistance with household chores, providing money or shelter when necessary.

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